Government of Saskatchewan

Annual Statistical Report 1998-99

Saskatchewan Health

Drug Plan and Extended Benefits Branch

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Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 1998-99. It contains statistical data concerning the programs administered by the Drug Plan and Extended Benefits Branch, including the Drug Plan, Supplementary Health Program, Family Health Benefits and Saskatchewan Aids to Independent Living.

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Drug Plan & Extended Benefits Branch

The Drug Plan and Extended Benefits Branch was formed on April 1, 1996 by amalgamating the Drug Plan program, the Supplementary Health program, the Saskatchewan Aids to Independent Living program, and the Income testing for Special Care Homes.

MISSION STATEMENT

Drug Plan and Extended Benefits Branch provides benefits to the eligible Saskatchewan population by:

- promoting optimal, cost-effective drug therapy and extended benefits
- subsidizing qualifying residents and
- facilitating the use of the database

The following kinds of activities contribute to achieving the Mission:

- leading policy development on Drug Plan, SAIL, Supplementary Health and Family Health Benefits related issues
- providing Drug Plan benefits to the eligible Saskatchewan population
- providing non-insured health benefits to residents nominated for Supplementary Health benefits by Saskatchewan Social Services, and for residents receiving Family Health Benefits
- providing Saskatchewan Aids to Independent Living (SAIL) Program benefits to eligible residents
- administering, on behalf of Health Districts, income tested resident charges for residents of Special Care Homes
- providing case management services in appropriate areas
- improving program delivery and accountability to the public and the Legislature through trends analysis and annual statistical reports
- providing funds for various initiatives that encourage appropriate use of drugs, e.g. Community Drug Utilization Program
- using the claims paid database for various studies to promote appropriate use of drugs

Eligibility for Coverage

Drug Plan

Eligible
All Saskatchewan residents with valid Saskatchewan Health coverage unless coverage is provided by another federal or provincial government or non-government agency.

Active beneficiaries
A resident of Saskatchewan who received an eligible prescription.

Not Eligible
Beneficiaries eligible under the Medical Services Division of Indian Health Canada, Department of Veteran Affairs, Royal Canadian Mounted Police, Canadian Forces, Workers' Compensation, and Federal Penitentiary.

Supplementary Health

Eligible
People nominated for coverage by Saskatchewan Social Services, inmates of correctional institutions, nominated seniors in special care homes or hospitals whose incomes are below the Saskatchewan Income Plan level and Saskatchewan Income Plan recipients living in the community.

Family Health Benefits

Eligible
Families who receive the Saskatchewan Child Benefit and/or the Saskatchewan Employment Supplement.

Saskatchewan Aids to Independent Living (SAIL)

Eligible
People with long term disabilities or illnesses, which leave them unable to function fully, may receive specialized benefits to help them achieve more independent and active lifestyles.

Saskatchewan residents with valid Saskatchewan Health coverage.

Not Eligible
Beneficiaries eligible under departments or agencies of the Government of Canada, the Workers' Compensation Board, Saskatchewan Government Insurance, or are residents of general, rehabilitation or extended care hospitals.

Highlights for 1998-99

Drug Plan

- One in every four families that received a prescription received a financial benefit.

- At June 30, 1998, a total of 944,623 individuals, representing approximately 512,793 family units were eligible to receive Drug Plan benefits.

- A total of 633,020 individual beneficiaries representing 424,543 family units, purchased eligible prescriptions. This represents 67.0% of eligible individuals.

- Tendering of certain high volume interchangeable drug groups helped to keep Formulary drug prices low. Estimated savings for Saskatchewan residents and the Drug Plan in 1998-99 were approximately $7.0M.

- Terminally ill patients covered under the Palliative Care Program received 58,718 prescriptions at no charge. The Drug Plan payment for Palliative Care was $2.9 million.

- **The Special Support Program:**
  - helped 37,421 families (65% were senior families)
  - provided benefits in the amount of $36.4 million
  - dispensed an average of 33.0 prescriptions to each active beneficiary
  - dispensed an average of 46.8 prescriptions to each family unit
  - assisted on average 63.3% of the total prescription costs.

- **Active beneficiaries not subject to a deductible:**
  - helped 56,779 families
  - provided benefits of $29.8 million
  - dispensed an average of 10.5 prescriptions to each active beneficiary
  - dispensed an average of 14.7 prescriptions to each family unit
  - assisted on average 98.0% of the total prescription costs.

- **Active beneficiaries who are subject to a deductible and a co-payment:**
  - provided benefits of $9.7 million
  - dispensed an average of 8.1 prescriptions to each active beneficiary
  - dispensed an average of 12.2 prescriptions to each family unit
  - assisted on average 9.6% of the total prescription costs.

- **Drug claims processed for Formulary and Exception Drug Status drugs:**
  - processed 6.6 million prescriptions during April 1/98 to March 31/99
  - provided benefits in the amount of $75.9 million
  - average drug acquisition cost per prescription was $20.20
  - average mark-up paid to pharmacies was $2.28
  - average dispensing fee paid to pharmacies was $6.05.

Supplementary Health

- The average number of eligible beneficiaries under the program was 63,093.
- Net payments for the program were $12.8 million during the fiscal 12-month period.
- Program expenditures per beneficiary rose from $156.61 in 1997-98 to $202.59 in 1998-99. These figures do not include Formulary Drugs (covered by the Drug Plan).

Family Health Benefit Program (Implemented August 1, 1998)

- The average number of eligible beneficiaries under the program was 77,512 (34,706 adults and 42,806 children). The number of eligible families was 22,666.
- Net payments for the program were $3.1 million from August 1, 1998 to March 31, 1999. These figures do not include Formulary Drugs (covered by the Drug Plan).

Saskatchewan Aids to Independent Living (SAIL)

- The number of caseloads was 7,785 in 1998-99, an increase of 541 over the previous year.
- Net payments during the 12-month period were $1.8 million for Orthopaedic services and $2.9 million for Special Needs Equipment.
- The SAIL Oxygen program was changed in 1996-97 to provide benefits according to medical criteria. The program cost in 1998-99 was $7.1 million compared to $8.9 million in 1995-96.
- Net payments for approved beneficiaries were $5.0 million for non-formulary drugs and $0.6 million for ostomy supplies in the fiscal 12-month period.
- A total 4,813 orthopaedic issues were made in 1998-99, an increase of 615 over the previous year. The number of repairs was 3,041, an increase of 41 over the previous year.
- A total 27,825 wheelchairs and other special needs equipment aids were loaned to beneficiaries in 1998-99, an increase of 1,594 over the previous year. The number of needs equipment repairs was 4,267, an increase of 2,278 over the previous year.

The Drug Plan

Background

- Enabling legislation for the Drug Plan, The Prescription Drugs Act was assented to on May 10, 1974.

- The Drug Plan began providing benefits on September 1, 1975. A review process was established to recommend which drugs should be covered under the Drug Plan. The actual acquisition cost plus a dispensing fee comprised the total cost of a Formulary drug.

- During the first full year, $14.9 million was paid in benefits; the average prescription cost was $6.04; and the average consumer share was $1.96 per prescription.

- On July 1, 1987, a mark-up on the cost of a drug was added. Mark-up was calculated on the acquisition cost before the dispensing fee was added.

- On July 1, 1987, the Drug Plan was changed from a fixed co-payment coverage program to a basic deductible* and percentage co-payment program. Those residents entitled to special health benefits were exempted.

- On July 1, 1987, Palliative Care coverage was introduced.

- On January 1, 1989, Point of Sale terminals were installed for each pharmacy to submit claims information electronically for adjudication on-line real time.

- On January 1, 1989, eligible drugs purchased anywhere in Canada by all eligible Saskatchewan residents became a benefit.

- On March 8, 1991, beneficiaries in Special Care Homes who previously paid a maximum $3.95 for each prescription, became part of the deductible plan.

- On July 1, 1991, the coverage policy for drugs in an interchangeable group was changed. The actual acquisition cost of every product in the interchangeable group is covered only up to lowest listed price in the group. Patients experiencing problems with a specific brand of medication could be exempted from the extra cost of the "no sub" brand at their physician's request.

- In October 1997, implemented a Managed Care Fee for community-based pharmacies that provide monitoring, supervision and other required activities to administer the Methadone Program.

* Refer to ***History of Deductibles*** on page 7.

- In December 1997, the Minister of Health appointed the Task Force on High Cost Drugs to review what improvements might be appropriate to the way government evaluates new pharmaceuticals, including bringing greater transparency to the process; the implications of providing new drugs on the scope of the Saskatchewan Prescription Drug Plan; and, what action Saskatchewan should take in the months to come at the federal, provincial and territorial level, including approaches to a National Pharmacare Program.

History of Deductibles:

- **July 1, 1987**
  - Annual deductible of $125 (regular family), then a co-payment of 20%.
  - Annual deductible of $75 (senior family), then a co-payment of 20%.
  - Annual deductible of $50 (single senior), then a co-payment of 20%.

- **March 8, 1991**
  - Annual deductibles as above (1987), then a co-payment of 25%.
  - Residents of Special Care Homes became part of the deductible program.

- **May 19, 1992**
  - Semi-annual deductible of $190 (regular family), then a co-payment of 35% to a $375 maximum, then 10% co-payment.
  - Single Senior and Senior family deductibles at 1987 level but became semi-annual, with a co-payment of 35% to a $375 maximum, then 10% co-payment.

- **March 19, 1993**
  - Families became eligible for the Special Support program, where the co-payment is determined based on family income. Co-payment is set based on the relation between family income and eligible drug cost.
  - Family Income Plan recipients and Saskatchewan Income Plan recipients, a semi-annual deductible of $100 then a co-payment of 35%.
  - Guaranteed Income Supplement recipients in special care homes, a semi-annual deductible of $100, then a co-payment of 35%.
  - All other Guaranteed Income Supplement recipients, a semi-annual deductible of $200 then a co-payment of 35%.
  - All other family units subject to a deductible and not approved for Special Support, a semi-annual deductible of $850, then a co-payment of 35%.

- **December 1, 1997**
  - The $50,000 family income cap for the Special Support program was removed.

OBJECTIVES

The Drug Plan has been established to:

- provide coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness;
- reduce the direct cost of prescription drugs to Saskatchewan residents;
- reduce the cost of drug materials;
- encourage the rational use of prescription drugs.

Table 1 - Prescription Use & Drug Plan Payment

Type of Beneficiary	Active Beneficiaries [1]	Number of Prescriptions [2]	%	Total Drug Plan Payment [3]	%
April 1998 - March 1999					
Saskatchewan Assistance Plan Recipients					
-Prescription Charge Subsidized, (Plan One)	25,198	299,324	4.5	$ 8,906,828	11.7
-Prescription Charge Fully Covered					
Special Drugs for Plan One	2,653	32,840	0.5	867,472	1.1
Plan OneDependents to Age 18	14,463	63,936	1.0	1,280,259	1.7
Plans Two and Three	9,483	223,541	3.4	6,346,983	8.4
Special Beneficiaries					
-Paraplegics	1,243	32,910	0.5	1,097,469	1.4
-Cystic Fibrosis	86	2,015	0.0	433,315	0.6
-Chronic Renal Disease	585	32,061	0.5	2,143,043	2.8
-Others for Certain Drugs [4]	1,320	17,797	0.3	4,305,283	5.7
Family Health Benefits					
-Children	22,039	71,020	1.1	1,497,085	2.0
-Adults	17,585	112,061	1.7	425,790	0.6
Palliative Care	2,281	58,718	0.9	2,880,735	3.8
Emergency Assistance	155	612	0.0	10,678	0.0
Special Support	53,149	1,751,485	26.4	36,413,380	48.0
Income Supplement Recipients					
-Saskatchewan Income Plan	8,387	159,467	2.4	1,650,685	2.2
-Guaranteed Income Supplement					
Special Care Home	2,464	77,502	1.2	830,554	1.1
Community	23,332	381,371	5.8	2,659,987	3.5
Regular Deductible Program	448,597	3,305,795	49.9	4,142,743	5.5
Total	633,020	6,622,455	100.0	$ 75,892,289	100.0

1 Active Beneficiaries are more than in other tables as a beneficiary can appear in more than one type in the same year.

2 Refers to Formulary and Exception Drug Status drugs.

3 Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less deductibles, the co-payment, and prescription charges paid by the consumer to the pharmacy.

4 Prescriptions for certain drugs have been restated to show under Special Beneficiaries to conform with co-payments policies established when approving coverage of new high cost MS drugs.

Types of Drug Plan Coverage

1. Saskatchewan Assistance Plan Coverage

Residents receiving benefits through the Saskatchewan Assistance Plan (SAP) are entitled to Drug Plan benefits at a reduced charge, or at no charge depending on their level of coverage. Deductibles are waived for these beneficiaries.

a. Plan One

Plan One beneficiaries 18 years or older are entitled to receive insulin, oral hypoglycemics, injectable vitamin B12, allergenic extracts, oral contraceptives and some products used in megavitamin therapy at no charge. These beneficiaries pay a reduced charge, to a maximum of $2.00, for all Formulary and approved Exception Drug Status drugs.

Dependents under 18 years of age are entitled to receive the above benefits at no charge.

b. Plan Two

Beneficiaries receiving Plan Two coverage are entitled to receive the same benefits as Plan One patients at no charge.

Plan Two coverage is provided to assist Plan One beneficiaries who require several drugs on a regular long-term basis. Eligibility for Plan Two coverage is determined on the basis of a physician's review of medication requirements, and application to the Drug Plan and Extended Benefits Branch.

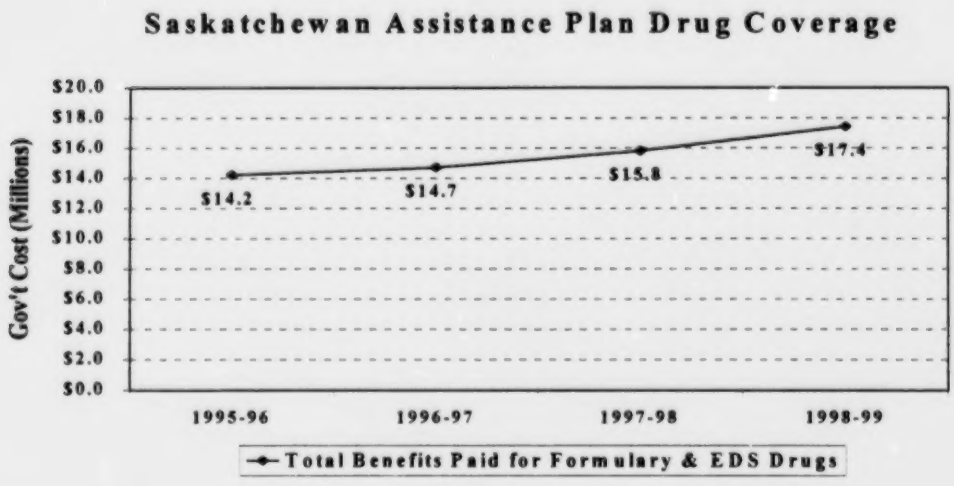
c. Plan Three

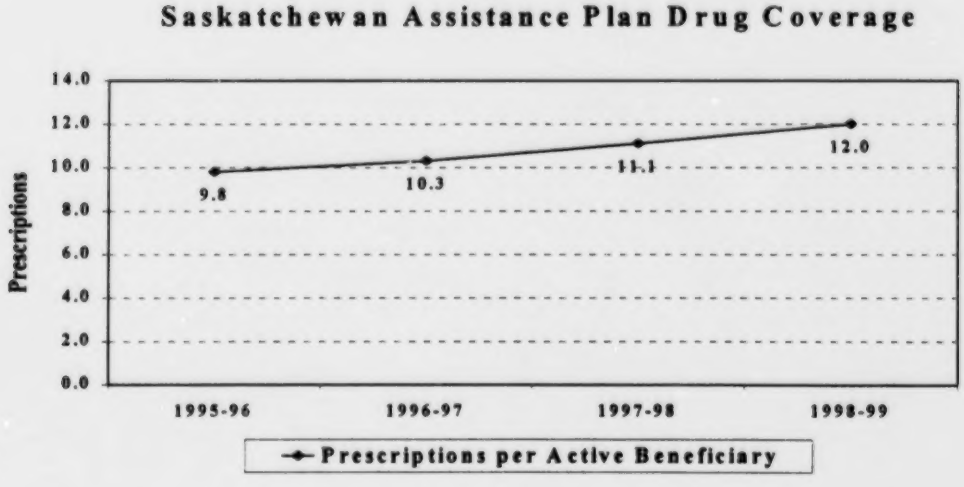
Plan Three beneficiaries are entitled to receive all Formulary drugs and certain non-Formulary drugs at no charge. Supplementary Health covers the cost of certain non-Formulary drugs and the cost of megavitamins and allergenic extracts for Plan One and Plan Two beneficiaries.

Plan Three beneficiaries are residents receiving supplementary assistance who live in Special-Care homes licensed under *The Housing and Special-Care Homes Act*, Approved Homes licensed under *The Mental Health Act*, wards of the province and inmates of provincial jails.

Saskatchewan Assistance Plan Coverage (Continued)

	1995-96	1996-97	1997-98	1998-99
Number of SAP Active Beneficiaries	58,221	57,134	54,666	51,797

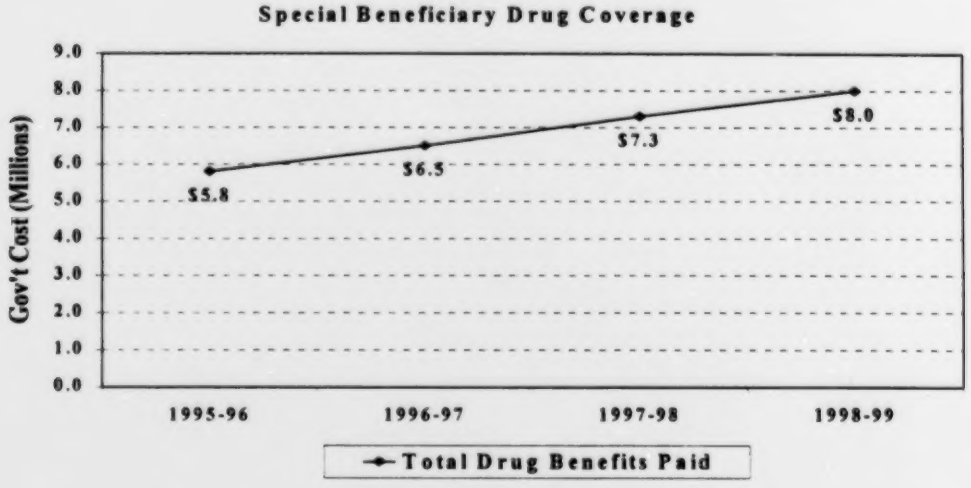


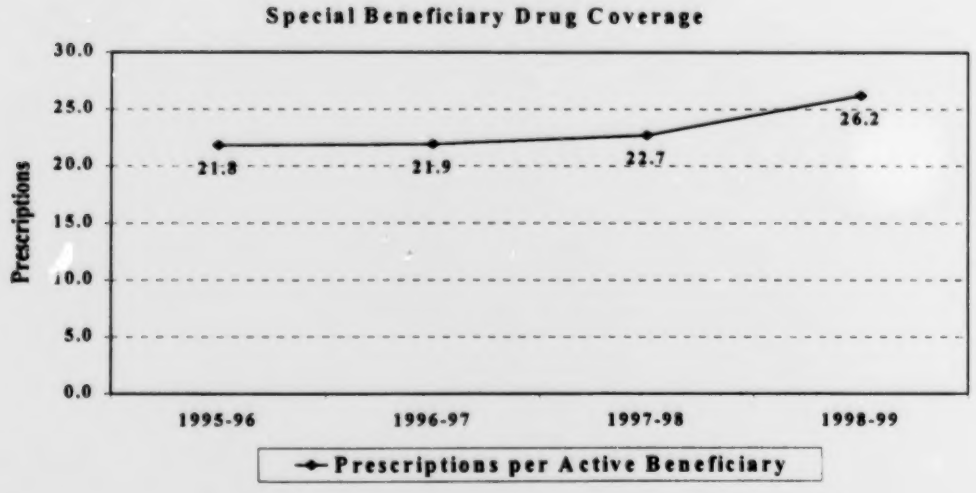


2. Special Beneficiaries

Special Beneficiaries include persons under the paraplegic program, cystic fibrosis program, chronic end-stage renal disease program, and users of certain no charge high cost drugs. These beneficiaries are entitled to receive certain non-Formulary drugs, Exception Drug Status drugs, and all prescribed Formulary drugs at no charge under the Drug Plan.

	1995-96	1996-97	1997-98	1998-99
Number of Active Beneficiaries	2,924	3,154	3,318	3,234



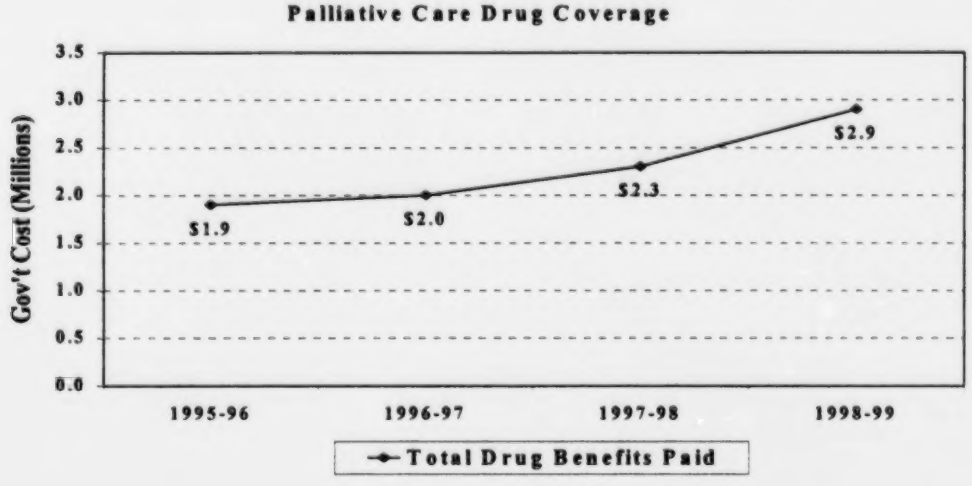


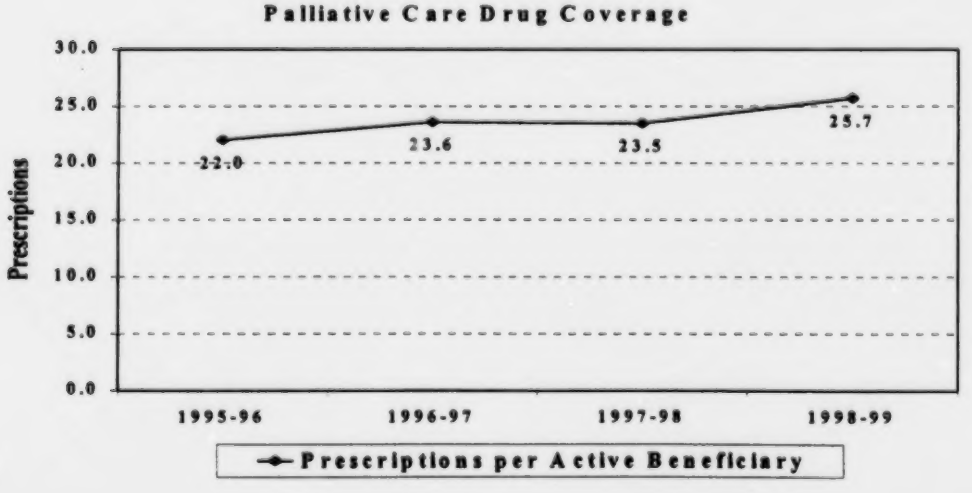
3. Palliative Care Coverage

Persons in late stages of terminal illness are entitled to receive at no cost:

- regular Formulary drugs;
- EDS drugs where prior approval has been granted;
- most laxatives.

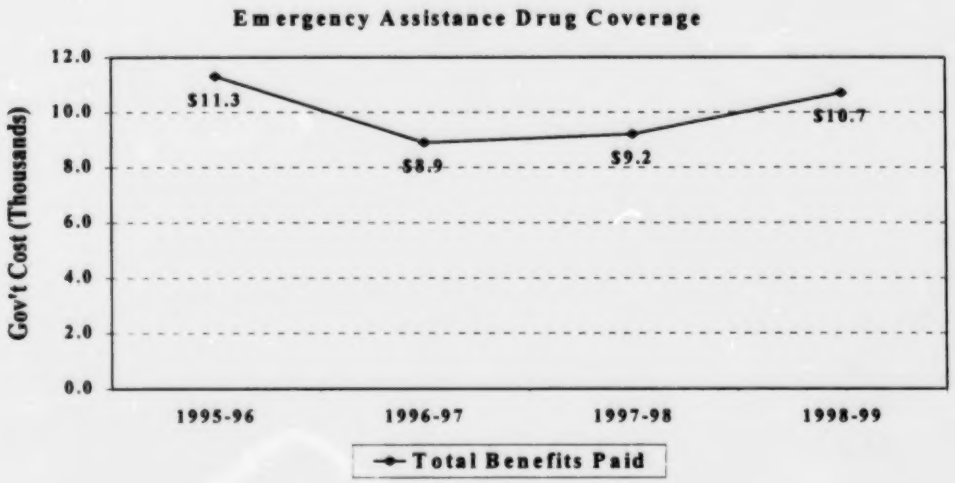
	1995-96	1996-97	1997-98	1998-99
Number of Active Beneficiaries	1,841	1,915	2,149	2,281





4. Emergency Assistance

Residents who require immediate treatment with covered prescription drugs and who are unable to cover the cost, may access emergency assistance. An eligible beneficiary may obtain a limited supply of covered prescription drug(s) at a reduced cost. The level of assistance provided will be in accordance with the consumer's ability to pay. Emergency assistance is available on one occasion, after which the beneficiary is then encouraged to apply for Special Support.



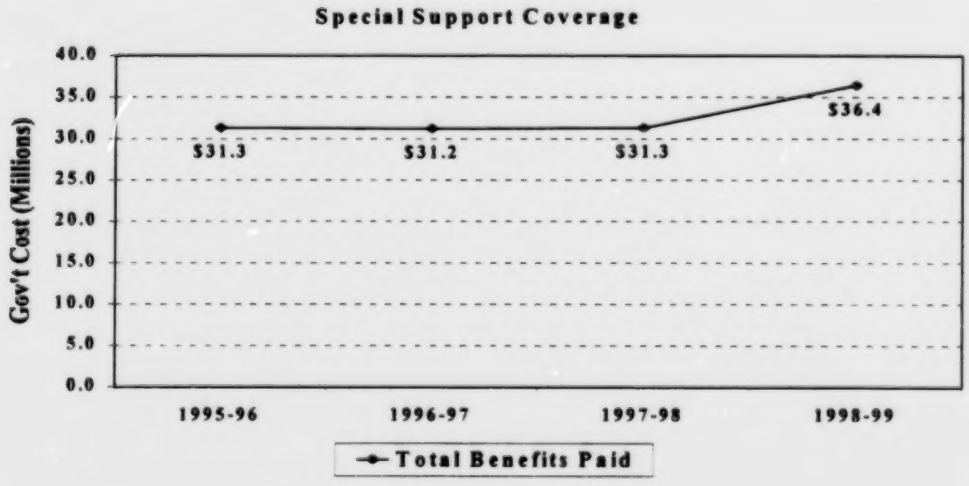
5. Special Support Coverage

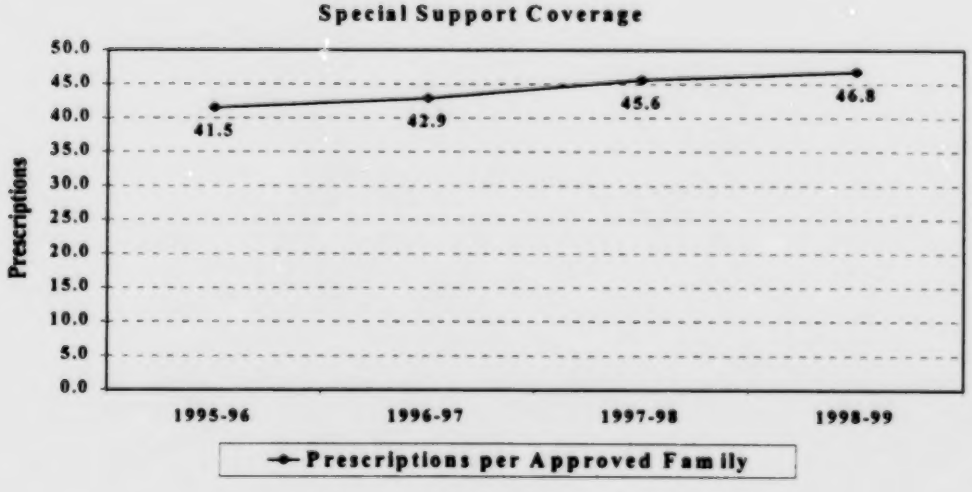
The Special Support program helps **those families whose drug costs are high in relation to their income**. Based on the information provided on the application form along with Drug Plan records, the Drug Plan may lower the deductible and assign the consumer a lower co-payment to spread the costs over the year.

If the annual drug costs exceed 3.4% of the family adjusted income (income after adjusting for the number of dependents), the family may qualify for Special Support. Residents must apply for Special Support as the Drug Plan does not have access to the required information related to income.

Special Support Coverage (Continued)

	1995-96	1996-97	1997-98	1998-99
Number of approved Special Support Families	39,373	38,201	36,298	37,421



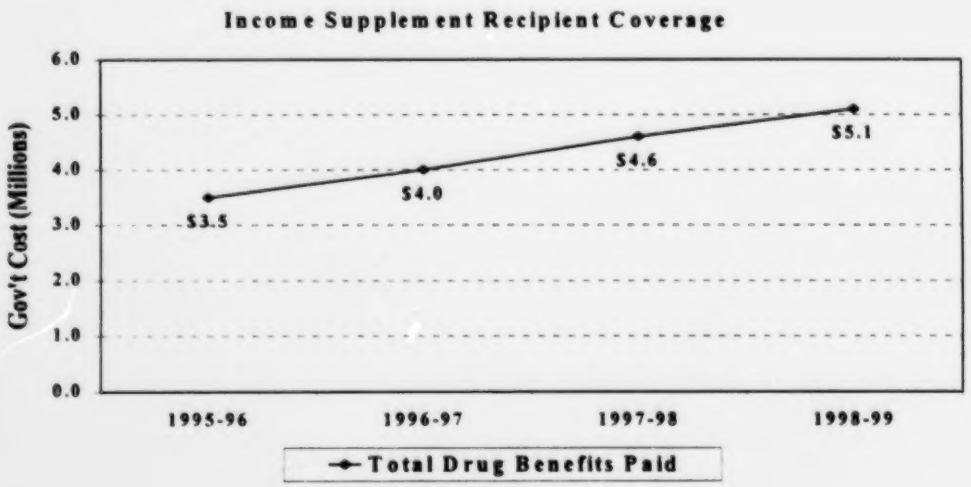


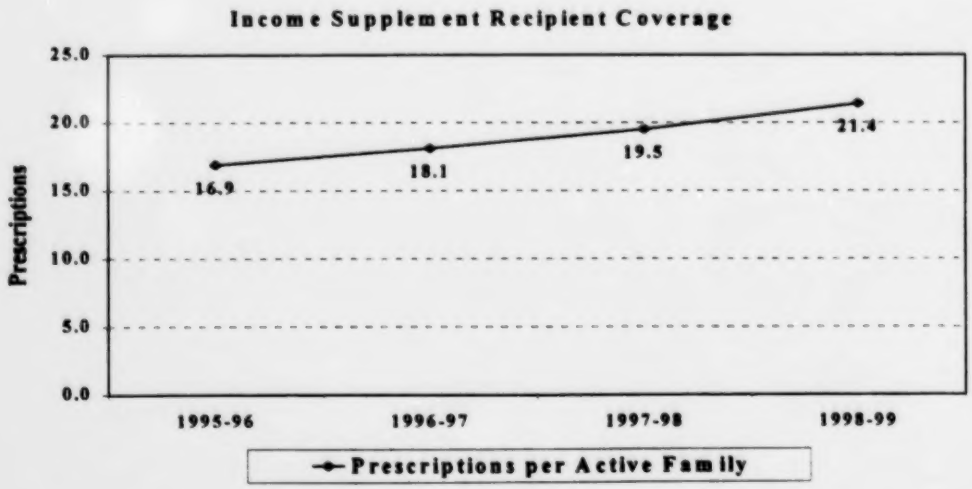
6. Income Supplement Recipients

Single seniors and senior families receiving the Saskatchewan Income Supplement (SIP) or receiving the federal Guaranteed Income Supplement (GIS) and residing in a nursing home have a $100 semi-annual deductible. Other single seniors and senior families receiving GIS have a $200 semi-annual deductible. Any of these families who have high drug costs may also apply for Special Support. Other seniors who have higher incomes and low drug costs pay the regular $850 semi-annual deductible.

Note: The number of 98-99 families is reduced because families formerly in the Family Income Plan and now in Family Health Benefits are now not included in this chart.

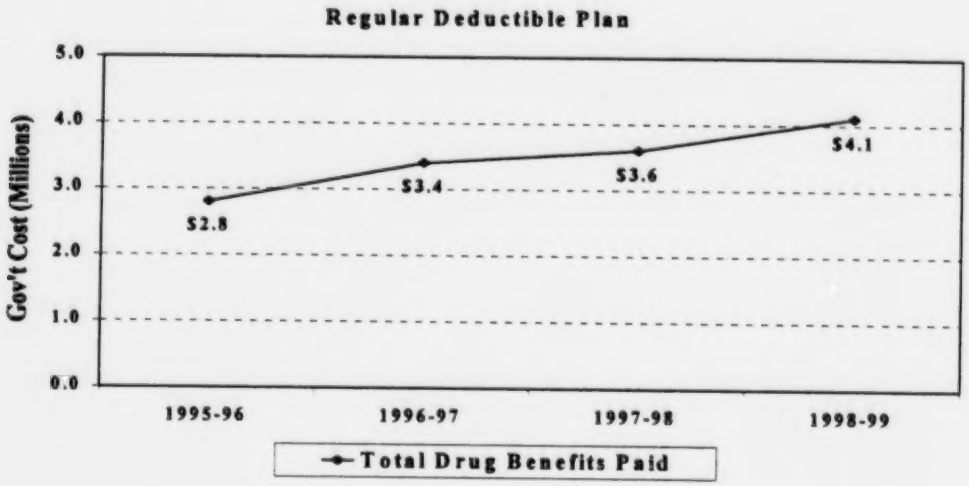
	1995-96	1996-97	1997-98	1998-99
Number of Active Families	30,346	30,379	31,143	28,899

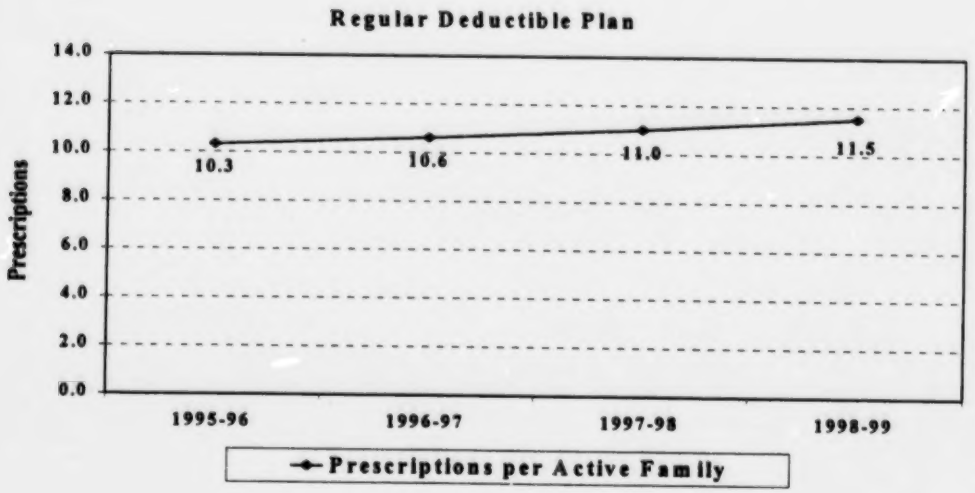




7. Regular Deductible Program

Families who are not eligible for any other Drug Plan coverage have an $850 semi-annual deductible, and pay a 35% co-payment after they have reached their deductible.





8. Child Benefit Program

Effective May 1, 1997, children under 18 years of age of families receiving the Family Income Supplement became eligible for the same benefits as Supplementary Health beneficiaries.

During 1997-98, 2,827 children obtained an average of 3.6 prescriptions per child at no cost to the family. The cost of the program was $0.2 million.

The Child Benefit Program became part of the Family Health Benefit Program effective August 1, 1998.

9. Family Health Benefit Program

Effective August 1, 1998, families who received the Saskatchewan Child Benefit, and/or the Saskatchewan Employment Supplement were eligible for the new Family Health Benefits.

Comprehensive Supplementary Health Benefits became available to children under the age of 18 who qualified (dental, optical, Formulary drugs, medical supplies and appliances and ambulance services).

Partial benefits became available for adults in qualifying families (eye examinations, chiropractic co-payments, $100 semi-annual Family Drug Plan deductible with a 35% consumer co-payment there after).

During 1998-99, 22,039 children obtained an average of 3.2 prescriptions per child and 17,585 adults obtained an average of 6.4 prescriptions per adult. The total cost of the program was $1.9 million ($1.5 million for children and $0.4 million for adults).

Drugs Covered by the Drug Plan

With the exception of insulin and urine and blood testing agents for diabetics, a prescription is required from a physician, dentist or optometrist for all drugs eligible for coverage under the Drug Plan.

The Formulary

The Drug Plan and Extended Benefits Branch prepares, maintains, and distributes the Saskatchewan Formulary. The Formulary is a listing of therapeutically effective drugs of proven high quality that have been approved for coverage under the Drug Plan.

Drugs listed in the Formulary are periodically reviewed and additions and deletions are recommended when necessary. Revised editions of the Formulary were published twice yearly in January and July. Starting July/99, the Formulary was changed to annual with quarterly updates. The goal of the Formulary is to list a range and variety of drugs that will enable prescribers to select an effective course of therapy for most patients. The January 1999 Saskatchewan Formulary listed 2,982 Formulary drug products and 384 published Exception Drug Status (EDS) products.

Exception Drug Status

Certain drugs are approved for coverage under Exception Drug Status, upon review and recommendation of the Saskatchewan Formulary Committee. The drugs usually fall into one of the following categories:

1. The drug is ordinarily administered only to hospital in-patients but is being administered outside of a hospital because of unusual circumstances.

2. The drug is not ordinarily prescribed or administered in Saskatchewan, but is being prescribed because it is required in the diagnosis or treatment of an illness, disability, or condition rarely found in Saskatchewan.

3. The drug is infrequently used because Formulary products are usually effective, but are contraindicated or found to be ineffective due to the clinical condition of the patient.

4. The drug has been deleted from the Formulary but is required by patients previously stabilized on the drug.

Drugs approved for Exception Drug Status coverage are subject to the same deductible and co-payment as the patient's Formulary drugs, with the exception of certain high cost drugs which are provided at no charge to the patient.

Over-the-Counter Products

Over-the-counter (OTC) products are generally not included as benefits of the Drug Plan.

Saskatchewan Formulary Process

Product Selection

The Minister of Health relies on the recommendations of two supporting committees; the Drug Quality Assessment Committee, and the Saskatchewan Formulary Committee in order to decide which products will be included as benefits.

The Drug Plan and Extended Benefits Branch provides resources and staff support to the Committees in the review of products for listing in the Saskatchewan Formulary. This support includes forecasting drug costs and preparing use/cost analysis reports.

- **Drug Quality Assessment Committee**

  The Drug Quality Assessment Committee (DQAC) is appointed by the Minister of Health to:

  - evaluate manufacturer submissions for consideration for coverage of new drugs and report its findings to the Saskatchewan Formulary Committee.
  - review available manufacturing documentation including clinical documents, scientific studies reports and published literature.
  - evaluate comparative bioavailability studies and/or comparative clinical studies to determine compliance with accepted standards for interchangeability.

- **Saskatchewan Formulary Committee**

  The Saskatchewan Formulary Committee (SFC), appointed by the Minister of Health, has the following functions:

  - recommends to the Minister of Health additions and deletions to the Saskatchewan Formulary. The SFC considers economic information including utilization patterns as well as clinical assessment by the DQAC assessment.
  - provides advice in compiling and maintaining the Saskatchewan Formulary.
  - identifies those products which are "interchangeable". Interchangeable products are different brands of the same drug that are equivalent in therapeutic effectiveness and quality.
  - conducts reviews of new drug products and re-evaluation of listed products based on new information about use, efficacy and cost.

Product Interchangeability and Pricing

One function of the Saskatchewan Formulary Committee is to identify interchangeable drug groups. Interchangeable products are different brands of the same drug with the same strength and dosage form that are equivalent in therapeutic effectiveness and quality.

The Formulary lists two types of interchangeable drug groups; Maximum Allowable Cost, and Standing Offer Contract.

- **Maximum Allowable Cost**

  In order to ensure price stability for the Formulary period, the Drug Plan and Extended Benefits Branch requires drug manufacturers to provide guaranteed maximum prices for the period. The Formulary was changed to annual starting on July 1, 1998. The prices constitute the Maximum Allowable Cost the Drug Plan will allow for those products during the effective Formulary period.

  Any drug in a Maximum Allowable Cost interchangeable group can be used to fill a prescription. The drug cost component in the approved prescription price is the actual acquisition cost of the drug up to the lowest price listed in the Formulary within that interchangeable group.

- **Standing Offer Contract (SOC)**

  The Drug Plan tenders the drugs in certain interchangeable groups to obtain the lowest possible price. An accepted tender, called SOC, requires the manufacturer to guarantee delivery of the specific drug to pharmacies through approved distributors at the contracted price. In return, the manufacturer's product will be used almost exclusively. This tender process, in 1998-99 saved Saskatchewan residents and the Drug Plan approximately $7.0M.

  Only the accepted tendered drug can be used to fill a prescription in an SOC interchangeable group. If a prescription is ordered as "no substitution" for any brand other than the SOC brand listed, the Drug Plan will cover the actual acquisition cost up to the listed SOC unit price. The difference in acquisition cost between the brand dispensed and the cost covered by the Drug Plan is the responsibility of the consumer.

"No Substitution" Prescription Drug Coverage

It is recognized that extremely rare cases may exist in which a person is not able to use a particular brand of product. In such cases, the physician may request exemption from full payment of incremental cost when a specific brand of drug in an interchangeable category is found to be essential for a particular patient. There is no provision for "blanket" exemptions. Each request must be patient and product specific.

Product Distribution

Two distribution networks are used to deliver drugs to pharmacies; manufacturers direct to pharmacies, or manufacturers to pharmacies via distributors and Saskatchewan wholesalers.

Encouraging Appropriate Drug Use

The Drug Plan uses a number of activities to encourage appropriate use of drugs:

- Use of the claims processing system to perform various edit and assessment checks.

- Use of Exception Drug Status coverage where drugs are only intended for use in certain circumstances. e.g. products intended for second line use.

- Provides funding support for:
  a) The College of Medicine Drug Evaluation Support - Roving Professorship Program to assist in the drug review process, to provide expert opinions on an ad hoc basis, and to deliver drug information to promote the optimal use of pharmaceuticals in the province.

  b) The College of Pharmacy Dial Access Drug Information Service, a province-wide drug information service for health professionals.

  c) The Consumer Drug Information Service, Canada's first province-wide telephone drug information service for consumers.

  d) The Triplicate Prescription Program operated by the College of Physicians and Surgeons, a two part written prescription to monitor prescribing for a select panel of prescription drugs with intent to reduce abuse and diversion.

  e) A community drug utilization program pilot project in the Saskatoon Health District as an educational resource to assist physicians in selecting the most appropriate and cost-effective drug therapy for their patients.

- Use of the Drug Plan database for internal and external drug use studies, pharmaco-epidemiological studies, and research projects by outside agencies.
  Note: Bibliography of completed studies is available upon request.

- Use of product assurance agreements with drug manufacturers. The Drug Plan monitors use of a particular drug to ensure utilization and health outcomes occur as stated in the manufacturers documentation submitted to the Saskatchewan Formulary Committee. Where that does not occur, an intervention may occur and a financial adjustment may be made against the manufacturer.

- Establishment of the trial prescription program as a joint project with the Saskatchewan Pharmaceutical Association. The pharmacist is encouraged to dispense a seven to ten day supply for the initial prescription of certain drugs, monitor the effect on the patient and if the outcomes are positive, dispense the full prescription as directed by the physician. There is no additional cost to the resident for this service.

Pharmacy Claims Processing

An on-line computer network transmits prescription information from the pharmacy to the central computer where it is checked against stored data to determine whether it can be approved for payment. Checking includes: is the drug a benefit, does the beneficiary have health coverage and the type, is the quantity dispensed within appropriate levels, is the number of prescriptions for the beneficiary within limits, is the prescription a duplicate or possible duplicate of another dispensed prescription, is the prescriber authorized, are the unit costs within limits. The prescription claim is adjudicated and cost information is then transmitted back to the pharmacy, detailing the consumer share and Drug Plan share.

Other activities that are a part of claims processing include: Special Support assessment; reimbursement to beneficiaries for prescriptions purchased out of province; selecting certain approved claims for verification with the beneficiary; and providing assistance to pharmacies and consumers via toll-free telephone lines.

- **Pharmacy Reimbursements**

  At March 31, 1999, there were 365 pharmacies providing Drug Plan eligible services.

  According to the Agreement between Saskatchewan Health and pharmacy proprietors, the prescription cost is calculated by adding the acquisition cost of the drug material, the submitted mark-up and dispensing fee (up to a maximum).

  The maximum dispensing fee is $6.93. The maximum mark-up allowance calculated on the prescription drug cost is: 30% for drug cost up to $6.30, 15% for drug cost between $6.31 and $15.80 and 10% for drug cost of $15.81 and over.

  For urine-testing agents the pharmacy receives acquisition cost along with the mark-up and a 50% mark-up in place of the dispensing fee. For insulin, the pharmacy receives acquisition cost plus a negotiated mark-up.

- **Prescription Quantities**

  The Drug Plan places no limitation on the quantities of drugs that may be prescribed. Prescribers shall exercise their professional judgment in determining the course and duration of treatment for their patients. However, in most cases, the Drug Plan will not pay benefits or credit deductibles for more than a 3-month supply of a drug at one time.

The pharmacist may charge one dispensing fee for each prescription for most drugs listed in the Formulary. If a prescription is for a duration of one month or more, the pharmacist is entitled to charge a dispensing fee for each 34 day supply, however the Agreement does not prohibit the pharmacist from dispensing more than a 34 day supply for one fee. The Agreement also contains a list of Two-Month and 100-day supply drugs. Prescribing and dispensing should be in these quantities once the medical therapy of a patient is in the maintenance stage, unless there are unusual circumstances that require these quantities not be dispensed.

Formulary and EDS Drug Utilization 1998-99

At June 30, 1998, a total of 944,623 individuals, representing approximately 512,793 family units were eligible to receive Drug Plan benefits.

A total of 633,020 individual beneficiaries representing 424,543 family units, purchased eligible prescriptions. This represents 67.0% of eligible individuals.

1. Overall 1998-99 Utilization

Figure 1 compares active Drug Plan beneficiaries to the eligible population and shows the percentage of total prescriptions dispensed to each age group. This shows that the 65+ age group, while 14.8% of the eligible population, represent 20.1% of Drug Plan active beneficiaries, and receive 46.0% of all prescriptions.

Table 2 presents prescription drug utilization by age and sex of the beneficiary. It also shows that drug utilization increases with age, with the larger increases beginning at age 45.

Figure 1
Prescriptions Dispensed by Age Groups, Eligible and Active Beneficiaries

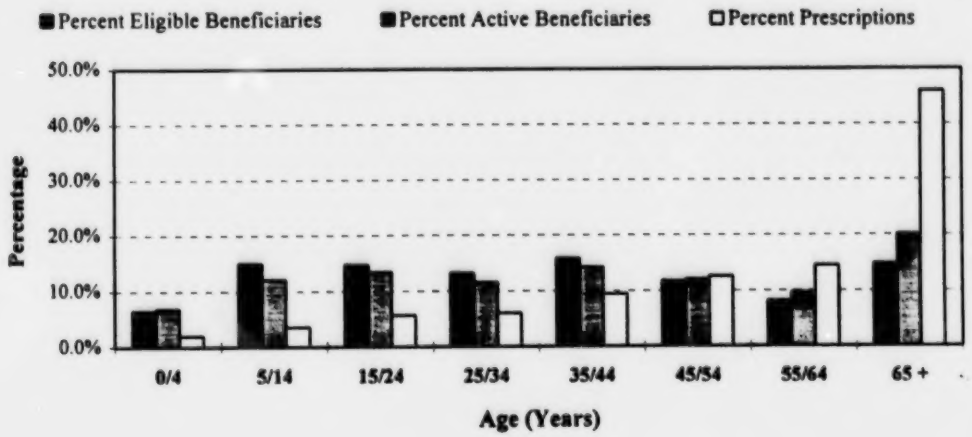


Table 2
Prescription Drug Utilization by Age and Sex of Active Beneficiary

Age of Consumer [5]	Active Beneficiaries	Number of Prescriptions [1]	Drug Material Cost [2]	Dispensing Fee [3]	Total Drug Plan Payment [4]
April 1998 - March 1999 (as submitted for all prescriptions to all beneficiaries)					
Male					
0 - 4	22,611	73,217	$ 668,661	$ 458,042	$ 497,227
5 - 14	39,048	131,690	2,398,368	802,314	1,394,678
15 - 24	34,952	129,973	3,235,282	759,753	1,715,743
25 - 34	28,535	132,800	3,614,290	791,024	2,290,115
35 - 44	39,664	251,174	7,222,278	1,521,893	4,102,560
45 - 54	34,501	335,297	9,564,438	1,997,962	4,333,067
55 - 64	27,862	404,232	10,856,109	2,372,591	4,684,943
65 - 74	27,827	544,780	13,787,143	3,234,879	6,561,304
75 - 84	17,529	421,231	9,136,674	2,593,031	4,554,790
85 and over	6,357	172,834	3,057,879	1,103,185	1,923,072
Male Total	278,886	2,597,228	$ 63,541,122	$ 15,634,674	$32,057,499
Female					
0 - 4	21,089	63,690	$ 669,659	$ 400,675	$ 553,389
5 - 14	37,553	107,010	1,697,780	656,227	1,051,717
15 - 24	50,030	248,260	5,217,875	1,481,669	2,145,502
25 - 34	44,507	270,131	6,462,693	1,599,879	2,905,416
35 - 44	50,796	377,091	9,559,109	2,265,710	4,770,565
45 - 54	41,878	496,636	10,862,170	2,951,719	4,752,188
55 - 64	33,068	557,934	12,013,475	3,267,681	5,494,808
65 - 74	33,047	712,303	16,094,655	4,280,262	8,046,835
75 - 84	28,676	772,384	15,808,463	4,832,349	9,151,059
85 and over	13,490	419,788	6,988,414	2,722,735	4,963,311
Female Total	354,134	4,025,227	$ 85,374,293	$ 24,458,906	$43,834,790
Both Sexes					
0 - 4	43,700	136,907	$ 1,338,320	$ 858,717	$ 1,050,616
5 - 14	76,601	238,700	4,096,148	1,458,541	2,446,395
15 - 24	84,982	378,233	8,453,157	2,241,422	3,861,245
25 - 34	73,042	402,931	10,076,983	2,390,903	5,195,531
35 - 44	90,460	628,265	16,781,387	3,787,603	8,873,125
45 - 54	76,379	831,933	20,426,608	4,949,681	9,085,255
55 - 64	60,930	962,166	22,869,584	5,640,272	10,179,751
65 - 74	60,874	1,257,083	29,881,798	7,515,141	14,608,139
75 - 84	46,205	1,193,615	24,945,137	7,425,380	13,705,849
85 and over	19,847	592,622	10,046,293	3,825,920	6,886,383
Grand Total	633,020	6,622,455	$148,915,415	$ 40,093,580	$75,892,289

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 The Dispensing fee charged by pharmacy for the prescriptions dispensed.

4 Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less deductibles, the co-payment, and prescription charges paid by the consumer to the pharmacy.

5 Age of beneficiary as at March 31, 1999.

2. 1998-99 Utilization by Type of Beneficiary

Drug Plan benefits are directed at families with low incomes, families with high drug costs and those with a combination of the two. Table 3 summarizes the beneficiaries into five main groups:

1. beneficiaries approved for a Special Support co-payment;
2. beneficiaries exempt from paying a deductible, who are on Saskatchewan Assistance Plan (SAP), S.A.I.L. beneficiaries, palliative care, or receive certain drugs;
3. beneficiaries approved for Family Health Benefits;
4. beneficiaries approved for Income Supplement under Saskatchewan Income Plan (SIP), and Guaranteed Income Supplement (GIS);
5. beneficiaries under the $850 semi-annual deductible.

Table 3
Prescription Drug Utilization by Over/Under 65

April 1998 - March 1999

Type of Beneficiary	Active Beneficiaries	Number of Prescriptions [1]	Payment Patient Paid	Average Cost to Patient	Drug Plan Payment [2]	Average Cost to Drug Plan
Beneficiaries approved under Special Support Program						
Under 65	21,951	480,780	$ 6,475,400	$294.99	$ 13,100,375	$ 596.80
65 and over	31,198	1,270,705	14,594,339	$467.80	23,313,005	$ 747.26
Sub-Total	53,149	1,751,485	$ 21,069,739	$396.43	$ 36,413,380	$ 685.12
Beneficiaries exempt from paying a Deductible (e.g. SAP, SAIL, Palliative Care)						
Under 65	52,657	610,747	$ 578,555	$ 10.99	$ 23,177,197	$ 440.15
65 and over	4,654	152,395	22,436	$ 4.82	5,084,190	$1,092.43
Sub-Total	57,311	763,142	$ 600,991	$ 10.49	$ 28,261,387	$ 493.12
Beneficiaries receiving Family Health Benefits (excludes prescriptions under Special Support)						
Under 65	39,567	182,186	$ 2,007,855	$ 50.75	$ 1,915,375	$ 48.41
65 and over	57	895	14,079	$247.00	7,500	$ 131.58
Sub-Total	39,624	183,081	$ 2,021,934	$ 51.03	$ 1,922,875	$ 48.53
Beneficiaries receiving Income Supplements (SIP & GIS not covered under Special Support)						
Under 65	2,910	37,685	$ 622,923	$214.06	$ 272,661	$ 93.70
65 and over	31,273	580,063	8,539,453	$273.06	4,876,763	$ 155.94
Sub-Total	34,183	617,748	$ 9,162,376	$268.04	$ 5,149,424	$ 150.64
Beneficiaries under Regular Deductible Program (not eligible for any other Drug Plan coverage)						
Under 65	389,009	2,267,737	$ 54,987,110	$141.35	$ 2,226,310	$ 5.72
65 and over	59,744	1,039,262	25,268,639	$422.95	1,918,913	$ 32.12
Sub-Total	448,753	3,306,999	$ 80,255,749	$178.84	$ 4,145,223	$ 9.24
Grand Total	633,020	6,622,455	$ 113,110,789		$ 75,892,289	

1 Refers to Formulary and Exception Drug Status drugs.

2 Drug Plan Payment is the total of the Drug Material Cost and Dispensing fee; less deductibles, the co-payment, and prescription charges paid by the consumer to the pharmacy.

3. 1998-99 Utilization by Families

Tables 4, 5, and 6 show the breakdown of prescription utilization, family cost, and government cost for all families using one or more prescriptions in the fiscal year by three categories of families:

1. Families that applied for Special Support and were granted a reduced co-payment because their annual drug costs exceeded 3.4% of their annual family income;

2. Families exempt from the deductible program. (e.g. Saskatchewan Assistance Plan families, S.A.I.L. beneficiaries, Palliative Care, children of families approved for Family Health Benefits);

3. Families that reached a deductible before a reduced co-payment was granted.

In 'Families Approved under the Special Support Program' (Table 4), 37,421 families who had high drug costs in relation to their income received $36.4 million in benefits, which equals an average payment of $973.07 per family.

In 'Families Exempt from the Deductible Program' (Table 5), the average payment on behalf of each active family was $524.11.

In 'Families Under the Deductible Program' (Table 6), the average payment on behalf of each active family was $29.43. Families included in this table are:

- Those that have a $100 semi-annual deductible because they are adults of families approved for Family Health Benefits (FHB), single seniors and senior families receiving the Saskatchewan Income Supplement (SIP), or are receiving the federal Guaranteed Income Supplement (GIS) and residing in a nursing home.

- Those that have a $200 semi-annual deductible because they receive GIS.

- Those that are not eligible for any other Drug Plan coverage and must reach a $850 semi-annual deductible.

Table 4
Prescription Cost to Families Approved Under Special Support Program

April 1998 - March 1999

Cost to Family Unit	Number of Family Units	Number of rescriptions[1]	Drug Material Cost[2]	Approved Prescription Cost	Net Family Payments[3]	Total Drug Plan Payment
$ .01 - 25.00	1,110	7,661	$ 157,102	$ 203,796	$ 10,945	$ 192,851
25.01 - 50.00	760	8,552	202,325	254,457	28,406	226,051
50.01 - 75.00	678	9,670	238,854	296,513	42,314	254,199
75.01 - 100.00	644	9,796	236,815	294,364	56,529	237,835
100.01 - 125.00	638	10,659	286,437	350,546	71,428	279,118
125.01 - 150.00	684	13,153	335,799	413,046	93,950	319,096
150.01 - 175.00	727	16,135	399,680	498,046	118,108	379,938
175.01 - 200.00	689	15,888	390,853	488,376	129,262	359,114
200.01 - 250.00	1,664	45,253	1,117,538	1,390,466	375,802	1,014,664
250.01 - 300.00	1,973	62,846	1,427,798	1,814,101	544,236	1,269,865
300.01 - 350.00	2,416	86,812	1,978,881	2,517,220	786,137	1,731,083
350.01 - 400.00	2,616	107,671	2,385,371	3,062,041	981,575	2,080,466
400.01 - 450.00	2,711	123,946	2,753,000	3,521,030	1,150,582	2,370,448
450.01 - 500.00	2,447	117,947	2,753,415	3,485,423	1,161,064	2,324,359
500.01 - 600.00	3,873	200,627	4,797,632	6,048,509	2,120,224	3,928,285
600.01 - 725.00	3,732	214,834	5,459,398	6,786,296	2,460,060	4,326,236
725.01 - 850.00	2,825	177,368	4,778,036	5,868,878	2,216,892	3,651,986
850.01 - 1000.00	2,404	158,473	4,361,367	5,325,708	2,216,029	3,109,679
000.01 - 1250.00	2,390	167,155	5,133,779	6,137,299	2,660,402	3,476,897
250.01 - and over	2,440	197,039	7,563,241	8,727,004	3,845,794	4,881,210
All	37,421	1,751,485	$ 46,757,321	$ 57,483,119	$ 21,069,739	$ 36,413,380

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 Net Family Payments is the total cost paid by families granted a reduced co-payment.

Table 5
Prescription Cost to Families Exempt from paying a Deductible

April 1998 - March 1999

Cost to Family Unit	Number of Family Units	Number of Prescriptions[1]	Drug Material Cost[2]	Approved Prescription Cost	Net Family Payments[3]	Total Drug Plan Payment
$ NIL	31,273	420,234	15,788,378	18,438,127	0	18,438,127
00.01 - 25.00	18,629	145,018	2,568,810	3,476,067	153,134	3,322,933
25.01 - 50.00	3,488	81,088	2,012,955	2,526,344	125,140	2,401,204
50.01 - 75.00	1,483	54,582	1,410,796	1,759,870	91,782	1,668,088
75.01 - 100.00	841	42,772	1,061,878	1,340,032	72,865	1,267,167
100.01 - 125.00	442	28,537	677,468	871,423	49,400	822,023
125.01 - 150.00	249	18,958	495,686	623,358	33,929	589,429
150.01 - 175.00	149	13,731	315,194	410,204	24,135	386,069
175.01 - 200.00	100	11,011	231,904	310,533	18,649	291,884
200.01 - 250.00	78	9,777	259,964	331,205	17,344	313,861
250.01 - 300.00	22	3,380	96,735	120,265	5,964	114,301
300.01 - 350.00	15	2,791	69,248	89,037	4,867	84,170
350.01 and over	10	2,283	45,796	63,178	3,962	59,216
All	56,779	834,162	$ 25,034,812	$ 30,359,643	$ 601,171	$ 29,758,472

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 Refers to the maximum $2 per prescription charge paid by the family.

Table 6

Prescription Cost to Families Under a Deductible Program [4]

April 1998 - March 1999

Cost to Family Unit	Number of Family Units	Number of Prescriptions [1]	Drug Material Cost [2]	Approved Prescription Cost	Net Family Payments [3]	Total Drug Plan Payment
$ 00.01 - 25.00	57,157	72,599	376,018	816,884	807,702	$ 9,182
25.01 - 50.00	41,801	109,929	867,899	1,538,061	1,523,561	14,500
50.01 - 75.00	27,475	113,831	1,031,414	1,718,669	1,702,448	16,221
75.01 - 100.00	21,050	116,473	1,146,934	1,848,943	1,833,976	14,967
100.01 - 125.00	16,848	114,318	1,225,278	1,910,047	1,886,921	23,126
125.01 - 150.00	14,237	111,940	1,315,827	1,985,184	1,953,360	31,824
150.01 - 175.00	12,628	113,446	1,411,021	2,085,689	2,049,009	36,680
175.01 - 200.00	11,645	115,866	1,542,839	2,230,162	2,182,997	47,165
200.01 - 250.00	19,901	228,588	3,232,580	4,600,713	4,456,560	144,153
250.01 - 300.00	14,376	201,272	2,928,165	4,144,776	3,936,520	208,256
300.01 - 350.00	11,113	181,285	2,776,808	3,864,987	3,601,902	263,085
350.01 - 400.00	9,387	174,357	2,798,068	3,842,080	3,511,053	331,027
400.01 - 450.00	8,354	170,108	2,913,304	3,922,823	3,546,138	376,685
450.01 - 500.00	7,165	156,269	2,850,022	3,783,731	3,396,720	387,011
500.01 - 600.00	11,781	290,477	5,549,500	7,282,272	6,452,049	830,223
600.01 - 725.00	10,894	307,672	6,348,897	8,181,139	7,184,006	997,133
725.01 - 850.00	8,022	249,569	5,566,952	7,053,470	6,289,580	763,890
850.01 - 1000.00	6,901	236,523	5,597,482	6,996,690	6,349,711	646,979
1000.01 - 1250.00	7,345	285,659	7,145,647	8,825,282	8,184,491	640,791
1250.01 - and over	12,263	686,627	20,498,627	24,528,714	20,591,175	3,937,539
All	330,343	4,036,808	$ 77,123,282	$ 101,160,316	$ 91,439,879	$ 9,720,437

1 Refers to Formulary and Exception Drug Status drugs.

2 Includes mark-up on drug acquisition cost.

3 Net Family Payments is the net cost to a family for the total of the deductible and the family co-payment once the deductible has been met.

4 Includes beneficiaries receiving Income Supplements and beneficiaries under the Regular Deductible program, who are not approved under the Special Support Program

4. 1998-99 Utilization by Pharmacologic - Therapeutic Classification

Table 7 shows prescription volume and Drug Plan expenditures by Pharmacologic - Therapeutic Classification. Four categories; Central Nervous System (CNS) Drugs, Anti-Infectives, Cardiovascular Drugs and Hormones and Substitutes, accounted for 69.3% of all prescriptions and 60.6% of all Drug Plan payment.

Table 7
Prescriptions by Pharmacologic - Therapeutic Classification

Pharmacologic - Therapeutic Classification [1]	Number of Prescriptions [2]	Drug Material Cost [3]	Total Drug Plan Payment
April 1998 - March 1999			
As submitted for all beneficiaries			
8:00 Anti-Infectives	732,844	$ 8,177,821	$ 4,207,266
10:00 Antineoplastic agents	1,646	374,223	350,175
12:00 Autonomic Drugs	254,677	4,609,852	3,017,696
20:00 Blood Formation and Coagulation	106,847	3,129,237	1,872,420
24:00 Cardiovascular Drugs	1,542,672	45,231,716	18,071,993
28:00 Central Nervous System Drugs	1,316,297	28,035,229	17,053,101
36:00 Diagnostic Agents	73,006	4,383,108	2,155,566
40:00 Electrolytic, Caloric, and Water Balance	407,470	1,280,942	1,543,275
48:00 Cough Preparations	807	232,162	236,257
52:00 Eye, Ear, Nose and Throat Preparations	256,704	4,845,179	1,617,453
56:00 Gastrointestinal Drugs	365,322	12,291,232	6,724,858
60:00 Gold Compounds	772	44,836	22,781
64:00 Metal Antagonists	661	83,967	65,489
68:00 Hormones and Substitutes	1,000,406	17,736,482	6,669,593
76:00 Oxytocics	15	49	30
84:00 Skin and Mucous Membrane Preparation	248,579	5,177,749	2,157,810
86:00 Spasmolytics	41,420	636,425	424,838
88:00 Vitamins	51,409	176,954	197,440
92:00 Unclassified	220,901	12,468,252	9,504,248
Total	6,622,455	$ 148,915,415	$ 75,892,289

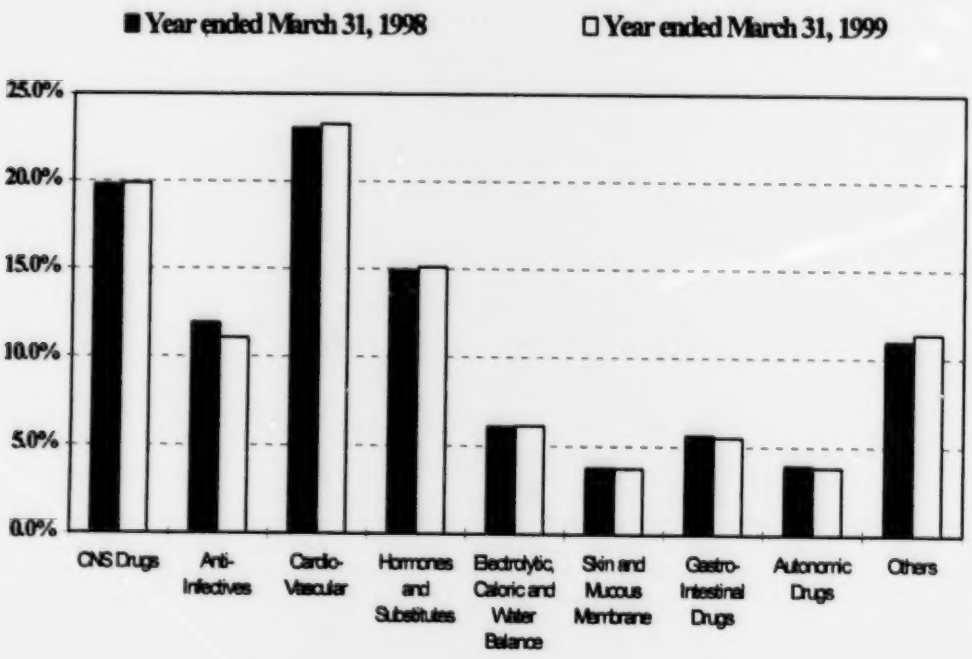
1 The drug classification system used is that of the American Society of Hospital Pharmacists.

2 Refers to Formulary and Exception Drug Status drugs.

3 Includes Mark-up on drug acquisition cost.

Figure 2 shows the Table 7 prescription volume by Pharmacologic – Therapeutic Classification.

Figure 2
Prescription Volume by Pharmacologic - Therapeutic Classification



Pharmacies

A total of 365 pharmacies held agreements with Drug Plan & Extended Benefits Branch on March 31, 1999. Of these, 67.7% were independent pharmacies, 23.3% were chain outlets, and 5.8% were co-operative.

The location of the pharmacies is shown on Table 8 and the type of pharmacy ownership is shown on Table 9.

Table 8
Pharmacies by Location

April 1998 - March 1999

Location of Pharmacy	Number of Pharmacies[1]
Single Pharmacy Communities	94
2 - 5 Pharmacy Communities	70
Communities with More Than 5 Pharmacies	
Estevan	6
Moose Jaw	13
North Battleford	7
Prince Albert	16
Regina	54
Saskatoon	64
Swift Current	7
Weyburn	6
Yorkton	7
Dispensing Doctors	8
Border Pharmacies	13
Total	365

1 Includes all pharmacies operating under agreement with the Prescription Drug Plan on March 31, 1999.

Table 9
Pharmacies by Type of Ownership

Type of Ownership	Number of Pharmacies[1]	Percent
Independent	247	67.7%
Chain [2]	85	23.3%
Co-operatives	21	5.8%
Dispensing Doctor	8	2.2%
Hospital Outpatient	4	1.1%
Total	365	100.0%

1 Includes all pharmacies operating under agreement with the Prescription Drug Plan on March 31, 1999.

2 Defined as common ownership of four or more stores.

Manufacturers

Drug Acquisition Cost by manufacturer is presented in Table 10.

Table 10
Drug Acquisition Cost by Manufacturer

April 1998 - March 1999

Manufacturer	Drug Material Acquistion Cost
3M Pharmaceuticals, 3M Canada	$ 75,761
Abbott Laboratories Ltd.	2,523,829
Agouron Pharmaceuticals Canada Inc.	18,450
Alcon Canada Inc.	341,190
Allergan Inc.	440,750
Altimed Pharmaceutical Company	4,164,252
Alza Canada	114,755
Amgen Canada Inc.	19,001
Apotex Inc.	6,336,240
Astra Pharma Inc.	3,876,778
Axcan Pharma	238,556
Bayer Inc. - Consumer Care Division	26,642
Bayer Inc. - Healthcare Division	2,783,646
Berlex Canada Inc.	2,224,496
Biovail Pharma	59,586
Boehringer Ingelheim (Canada) Ltd.	1,095,518
Bristol Pharmaceutical Products - Bristol-Myers Squibb	218,485
Bristol-Myers Squibb Canada Inc.	2,036,373
Canderm Pharmacal Ltd.	11,308
Carter-Horner Inc.	23,472
CIBA Vision	57,379
Cytex Pharmaceuticals Inc.	19,285
Dermik Laboratories Canada Inc.	36,329
Diagnostic Division, Bayer Corp.	515,626
Dioptic Laboratories, Division of Akorn Pharmaceuticals Canada Ltd.	14,577
Dominion Pharmacal	1,600,016
Draxis Health Inc.	122,231
DuPont Pharma Inc.	2,173,979
Duchesnay Inc.	132,320
Eli Lilly Canada Inc.	3,252,504
Enz	147,720
Faulding (Canada) Inc.	307,153
Ferring Inc.	162,193
Fournier Pharma Inc.	122,134
Fujisawa Canada Inc.	126,520

Manufacturer	Drug Material Acquistion Cost
Galderma Canada Inc.	129,596
Genpharm Inc.	1,076,200
Glaxo Wellcome Inc.	6,537,504
Glenwood Laboratories Canada Ltd.	10,071
Hoechst Marion Roussel Canada Inc.	1,762,292
Hoffman-LaRoche Ltd.	3,181,738
ICN Canada Ltd.	316,409
Janssen-Ortho Inc.	6,643,537
Key, Division of Schering Canada Inc.	766,487
Knoll Pharma Inc.	803,475
Lee-Adams Laboratories, Division of Pharmascience Inc.	5,567
Leo Pharma Inc.	397,972
Lifescan Canada Ltd.	2,033,123
Linson Pharma Inc.	145,253
Lioh Inc.	22,189
Lundbeck Canada Inc.	224,713
McNeil Consumer Products	14,364
Medican Pharma Inc.	2,108,115
Medicis Canada Ltd.	61,300
Medisense, Canada Inc.	909,779
Merck Frosst Canada & Co.	11,901,207
Novartis Consumer Health Canada Inc.	7,489
Novartis Pharmaceuticals Canada Inc.	6,101,791
Novo Nordisk Canada Inc.	868,055
Novopharm Ltd.	3,037,478
Nu-Pharm Inc.	9,397,591
Odan Laboratories Limited	8,501
Organon Canada Ltd.	471,450
Organon Teknika	6,575
Parke-Davis Canada Inc.	4,576,309
Pentapharm Limited	1,265,587
Pfizer Canada Inc.	4,678,259
Pharmacia & Upjohn Inc.	1,357,303
Pharmascience Inc.	1,453,513
Princeton Pharmaceutical Products, Bristol-Myers Squibb	34,404
Procter and Gamble Pharm. Canada, Inc.	1,762,175
Purdue Frederick	1,177,645
Reed & Carnrick, Division of Block Drug Company (Canada) Ltd.	35,791
Rhodiapharm	196,881
Rhone-Poulenc Rorer, Ethical Division	985,372
Roberts Pharmaceutical of Canada Inc.	225,646
Roche Diagnostics, Division of Hoffmann-LaRoche Limited	480,765

Manufacturer	Drug Material Acquistion Cost
Rougier Pharma Inc., Division of Technilab	20,475
Sabex Inc.	82,898
Sanofi Canada, Inc.	534,661
Schein Pharmaceutical Canada Inc.	159,325
Schering Canada Inc.	1,512,989
Searle Canada, Unit of Monsanto Canada Inc.	2,618,578
Serono Canada Inc.	127,085
Servier Canada Inc.	330,690
Smithkline Beecham Pharma Inc.	3,514,853
Solvay Pharma Inc.	438,333
Squibb Pharmaceutical Products - Bristol-Myers Squibb	2,182,355
Stanley Pharmaceuticals Ltd.	44,648
Stiefel Canada Inc.	129,053
Taro Pharmaceuticals Inc.	251,247
Technilab Inc.	264,281
Teva Marion Partners Canada	507,067
Ucyclyd Pharma	85,050
Warner Wellcome Consumer Health Care - Div. of Warner Lambert Canada Inc.	42,013
Westwood Squibb Canada	103,017
Wyeth-Ayerst Inc.	5,142,268
Zeneca Pharma Inc.	2,144,891
Extemporaneous Preparations [1]	910,074
Others (each under $5000)	39,339
Total	$ 133,783,712

[1] Extemporaneous Preparations are compounded by the pharmacist.

1998-99 Utilization Trends

1. Cost to Beneficiaries

Trends from Table 11 information for the past four years shows that the number of active beneficiaries are declining while the number of prescriptions and total prescription cost is increasing.

	Active Beneficiaries	Number of Prescriptions	Total Cost of Prescriptions	Total Drug Plan Payment
1995-96	633,333	5,798,090	$157,194,207	$59,492,033
1996-97	626,953	5,996,106	$162,165,923	$61,863,705
1997-98	620,258	6,261,167	$171,208,698	$65,199,190
1998-99	633,020	6,622,455	$189,003,078	$75,892,289

Table 11 was prepared to highlight three factors that might contribute to the increased growth: number of prescriptions per beneficiary; average prescription cost; and cost of prescriptions per beneficiary.

In Table 11, the total cost of prescriptions per active beneficiary has grown an average of 15.4% between 1996-97 and 1998-99 for all beneficiaries. The range of increases, based on age, was 7.8% to 23.8%. Only the 0-4 age group showed a reduction in the total cost of prescriptions per active beneficiary. That reduction was 5.7%.

The reasons for the increased cost of prescriptions per beneficiary changed with age:

- For ages 5-54, the increase was a result of increased average prescription cost and the increased number of prescriptions per beneficiary.
- For ages over 54, the increase was mainly a result of increased number of prescriptions per beneficiary.

Table 11
Prescription Drug Utilization Trend by Age of Active Beneficiary
Information Source: Table 2

Age of Consumer	1996-97	1997-98	1998-99	% increase (decrease) 96-97 to 98-99
April 1- March 31				
Average Number of Prescriptions Per Active Beneficiary				
0 - 4	3.4	3.3	3.1	(7.9%)
5 - 14	3.1	3.2	3.1	0.5%
15 - 24	4.3	4.4	4.5	3.5%
25 - 34	5.1	5.3	5.5	8.2%
35 - 44	6.4	6.7	6.9	8.5%
45 - 54	10.1	10.5	10.9	7.8%
55 - 64	14.5	15.2	15.8	8.9%
65 - 74	18.9	19.7	20.7	9.3%
75 - 84	23.5	24.6	25.8	9.9%
85 and over	27.0	28.5	29.9	10.6%
Total	9.6	10.1	10.5	9.0%
Average Prescription Cost [1]				
0 - 4	$ 15.66	$ 15.97	$ 16.05	2.5%
5 - 14	21.97	22.56	23.27	5.9%
15 - 24	25.74	27.49	28.28	9.8%
25 - 34	27.61	28.61	30.94	12.1%
35 - 44	28.82	29.63	32.74	13.6%
45 - 54	28.51	28.72	30.50	7.0%
55 - 64	29.01	28.87	29.63	2.1%
65 - 74	28.94	28.95	29.75	2.8%
75 - 84	26.44	26.39	27.12	2.6%
85 and over	22.89	22.91	23.41	2.3%
Total	$ 27.05	$ 27.34	$ 28.54	5.5%
Total Cost of Prescriptions Per Active Beneficiary				
0 - 4	$ 53.34	$ 53.07	$ 50.28	(5.7%)
5 - 14	67.28	72.27	72.51	7.8%
15 - 24	110.02	120.60	125.85	14.4%
25 - 34	142.18	151.97	170.69	20.1%
35 - 44	183.60	197.23	227.38	23.8%
45 - 54	289.12	300.30	332.24	14.9%
55 - 64	421.58	438.48	467.91	11.0%
65 - 74	546.31	570.86	614.33	12.5%
75 - 84	622.76	649.79	700.58	12.5%
85 and over	618.24	653.94	698.96	13.1%
Total	$ 258.66	$ 276.04	$ 298.58	15.4%

1 Includes Drug Acquisition Cost, mark-up and dispensing fees paid to pharmcies.

2. Costs by Therapeutic Classification

Table 12 shows the eight highest cost therapeutic classes of drugs covered by the Drug Plan.

During the three-year period of 1996-97 to 1998-99, the total cost of all prescriptions increased in all classes except for Anti-Infectives.

The total cost of the Anti-Infectives prescriptions declined as a result of a 8.6% decrease in the number of these prescriptions.

Except for Anti-Infectives, the 'total cost of all prescriptions' for each of the other classes increased in the range of 2.7% to 25.4% over the three-year period for the following reasons:

- The increase for Central Nervous System (CNS) drugs was due to a combination of a 8.0% increase in average prescription cost and a 12.8% increase in the number of prescriptions.

- The increase for Skin and Mucous Membrane Preparations was a result of the 12.4% increase in average prescription cost and a 11.6% increase in the number of prescriptions.

- The increase for the other five classes was mainly due to the number of prescriptions increasing from 6.1% to 19.8%.

Table 12
Prescription Trend by Pharmacologic - Therapeutic Classification

Pharmacologic - Therapeutic Class	1996-97	1997-98	1998-99	% increase (decrease) 96-97 to 98-99
April 1- March 31				
Total Cost of all Prescriptions				
Anti-Infectives	$ 12,912,993	$ 12,460,217	$ 12,767,686	(1.1%)
Central Nervous System Drugs	29,722,376	32,451,407	36,194,146	21.8%
Skin & Mucous Membrane Preparations	5,343,130	6,075,390	6,700,834	25.4%
Electrolytic, Caloric, and Water Balance	3,313,064	3,545,947	3,845,876	16.1%
Cardiovascular Drugs	46,659,267	49,864,211	54,717,091	17.3%
Gastrointestinal Drugs	14,181,517	13,841,533	14,560,018	2.7%
Hormones and Substitutes	21,031,978	21,285,682	22,887,284	8.8%
Autonomic Drugs	6,041,256	6,149,607	6,202,945	2.7%
Others	22,960,342	25,534,703	31,127,199	35.6%
Total	$ 162,165,923	$ 171,208,698	$ 189,003,078	16.5%
Number of Prescriptions				
Anti-Infectives	801,798	745,730	732,844	(8.6%)
Central Nervous System Drugs	1,166,942	1,238,508	1,316,297	12.8%
Skin & Mucous Membrane Preparations	222,725	236,470	248,579	11.6%
Electrolytic, Caloric, and Water Balance	352,144	380,588	407,470	15.7%
Cardiovascular Drugs	1,342,195	1,441,984	1,542,672	14.9%
Gastrointestinal Drugs	342,303	351,746	365,322	6.7%
Hormones and Substitutes	898,517	933,133	1,000,406	11.3%
Autonomic Drugs	240,017	246,781	254,677	6.1%
Others	629,465	686,227	754,188	19.8%
Total	5,996,106	6,261,167	6,622,455	10.4%
Average Prescription Cost				
Anti-Infectives	$ 16.11	$ 16.71	$ 17.42	8.2%
Central Nervous System Drugs	25.47	26.20	27.50	8.0%
Skin & Mucous Membrane Preparations	23.99	25.69	26.96	12.4%
Electrolytic, Caloric, and Water Balance	9.41	9.32	9.44	0.3%
Cardiovascular Drugs	34.76	34.58	35.47	2.0%
Gastrointestinal Drugs	41.43	39.35	39.86	(3.8%)
Hormones and Substitutes	23.41	22.81	22.88	(2.3%)
Autonomic Drugs	25.17	24.92	24.36	(3.2%)
Others	36.48	37.21	41.27	13.1%
Total	$ 27.05	$ 27.34	$ 28.54	5.5%

Table 13
Prescription Drug Plan Payments Summary

Statistical Tables

Payments on behalf of families (exempt from deductible program)		
Drug Material Acquisition Cost	$ 22,500,457	
Mark-up	2,534,355	
Dispensing Fee Subsidy	4,723,752	
Pharmacy Discounts	(92)	
Total Payments for families exempt from deductible		$ 29,758,472
Payments to or on behalf of families (deductible and Special Support program)		
Drug Material Acquisition Cost	$111,283,255	
Mark-up	12,597,348	
Dispensing Fees	34,768,657	
Pharmacy Discounts	(5,825)	
Total Approved Prescription Cost	$158,643,435	
Less: Deductible Credits	81,668,463	
	$ 76,974,972	
Less: Family Co-Payment	30,841,155	
Total Payments for families subject to deductible		$ 46,133,817
Total Prescription Drug Plan Payments [1]		$ 75,892,289
Manual Adjustments [2]		104,225
Net Payments by Revenue and Expenditure System		$ 75,996,514

1 Drug Plan payments refer to formulary drugs and exception status drugs. All Statistical Tables do not reflect manual adjustment expenditures.

2 Manual adjustments include year-end adjustments made in accordance with accounting policies and other adjustments.

Supplementary Health and Family Health Benefits

BACKGROUND

- On April 1, 1966 the Saskatchewan Assistance Plan was instituted. Several categories of beneficiaries under the Medical Services Division were combined into one program with the basis of need becoming the criteria to determine eligibility.

- On September 1, 1968, coverage for refractions was moved to the Saskatchewan Medical Care Insurance.

- On September 1, 1975, payment responsibility of formulary drugs and of prosthetic and orthotic appliances for Social Assistance beneficiaries was taken over by the Saskatchewan Prescription Drug Plan and by the Saskatchewan Aids to Independent Living respectively.

- On July 1, 1981, program eligibility was expanded to include benefits for non-recipients of Social Assistance receiving level 2,3,and 4 Special Care Home or long term hospital care and where incomes are at or below the Saskatchewan Income Plan level.

- On May 1, 1984, responsibility for emergency medical transportation costs by road ambulance and Saskatchewan Government air ambulance for Supplementary Health beneficiaries was transferred from the Department of Social Services.

- On June 1, 1992, eye examinations were added to coverage for Supplementary Health beneficiaries over the age of 17, and for adults receiving the Family Income Plan and the Saskatchewan Income Plan supplements.

- On September 8, 1992, services of chiropractors became fully covered for Supplementary Health, Family Income Plan, and Saskatchewan Income Plan beneficiaries.

- On June 30, 1993, Supplementary Health began providing dental coverage for children in families that received the Family Income Plan supplement.

- On May 1, 1997, began providing all Supplementary Health Benefits for children in FIP families.

- On August 1, 1998, began providing Family Health Benefits for families who received the Saskatchewan Child Benefit, and/or the Saskatchewan Employment Supplement.

OBJECTIVES

To provide for payment of accounts for non-insured health services to people nominated for coverage by Saskatchewan Social Services.

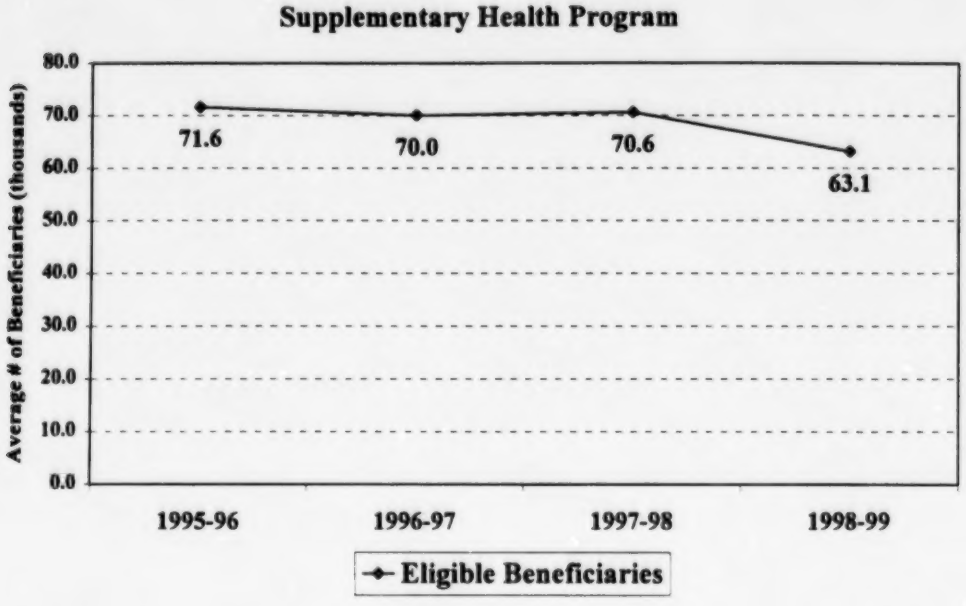
ELIGIBLE BENEFICIARIES

The Supplementary Health program provides benefits for the following types of beneficiaries:

- Supplementary Health beneficiaries:
  - Saskatchewan Assistance Plan recipients nominated by Saskatchewan Social Services.
  - Government Wards
  - Inmates of correctional institutions.
  - Nominated persons 65 years and older who are in special care homes or hospitals and whose income is at or below the Saskatchewan Income Plan level.
- Saskatchewan Income Plan recipients living in the community.

The Family Health Benefits program provides benefits for:

- Families receiving benefits under the Family Income Plan between April and July 1998.
- Children covered by the Child Benefit Program up to July 31, 1998.
- Families approved under the Family Health Benefits program beginning August 1, 1998.



The above chart shows the number of persons receiving full Supplementary Health benefits. Families receiving Family Health Benefits or SIP income supplements receive only partial Supplementary Health benefits and are not included in the numbers above.

As of March 31, 1999, 22,666 families were eligible for Family Health Benefits. Included in these were 34,706 adults and 42,806 children.

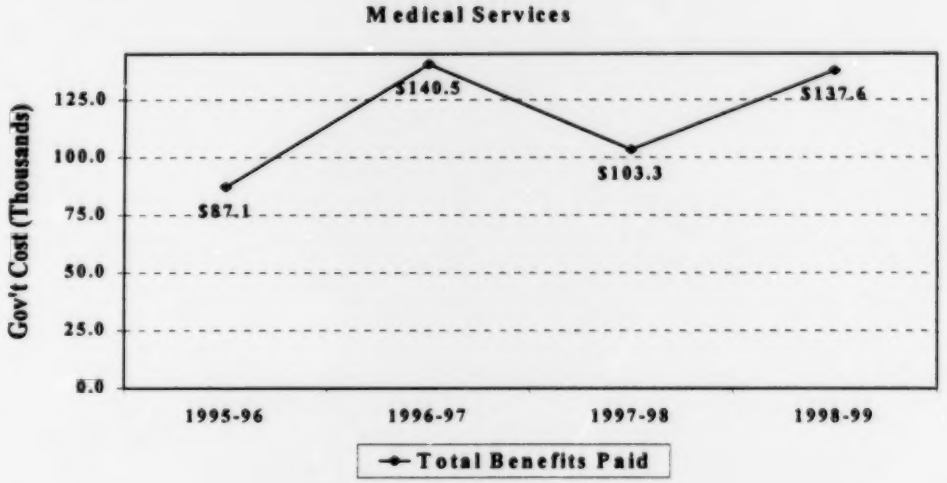
Table 14
Supplementary Health Program and Family Health Benefits Payments

April 1998 - March 1999

Services	Sask. Assistance Plan	Government Wards	Provincial Correctional Institutions	Sask. Income Plan Recipients in Special Care Homes	Family Health Benefits	Other Beneficiary Categories	Totals
Medical Examinations and Reports	$ 109,946	$ 4,820	$ 21,633	$ 17	$ 429	$ 762	$ 137,607
Dental Services	2,277,709	185,656	146,683	28,277	2,155,004	2,219,401	7,012,730
Non-Formulary Drugs (Plan 3)	828,680	106,751	52,295	589,393	-	3,664	1,580,783
Medical Appliances and Supplies	509,607	35,171	4,512	136,278	64,398	66,843	816,809
Optical Services	832,020	53,688	63,080	15,821	474,149	633,733	2,072,491
Chiropractic Services	393,059	3,429	4,136	2,641	396,392	555,405	1,355,062
Ambulance	843,716	22,743	12,560	141,657	44,887	50,504	1,116,067
Medical Transportation (Aircraft)	506,609	-	-	1,697	2,268	3,900	514,474
Medical Transportation (Ground)	1,263,153	14,836	681	2,377	4,754	32,486	1,318,287
Totals: Supplementary Health and Family Health Benefits	$7,564,499	$427,094	$305,580	$918,158	$3,142,281	$3,566,698	$15,924,310

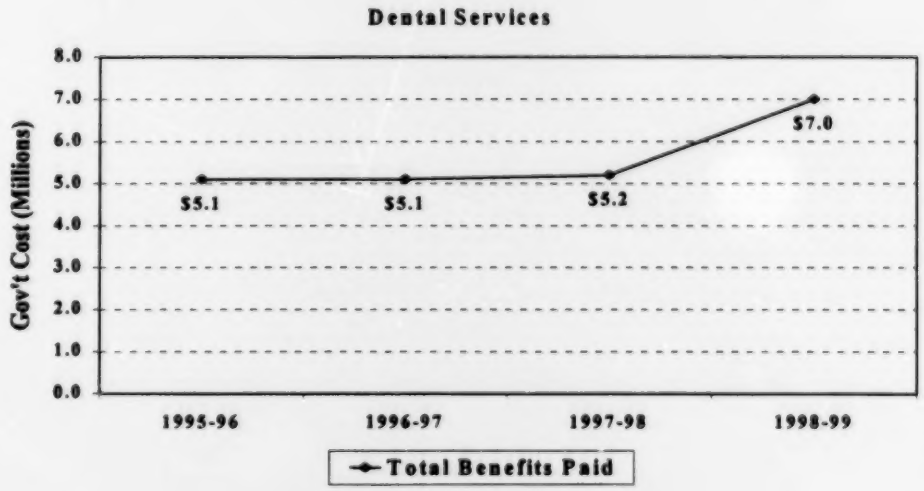
1. Medical Services

Supplementary Health and Family Health Benefits pays the full cost for non-insured third party medical examinations and reports requested by Saskatchewan Social Services. These examinations are to determine the level of required nursing care, rehabilitation potential and employability.



2. Dental Services

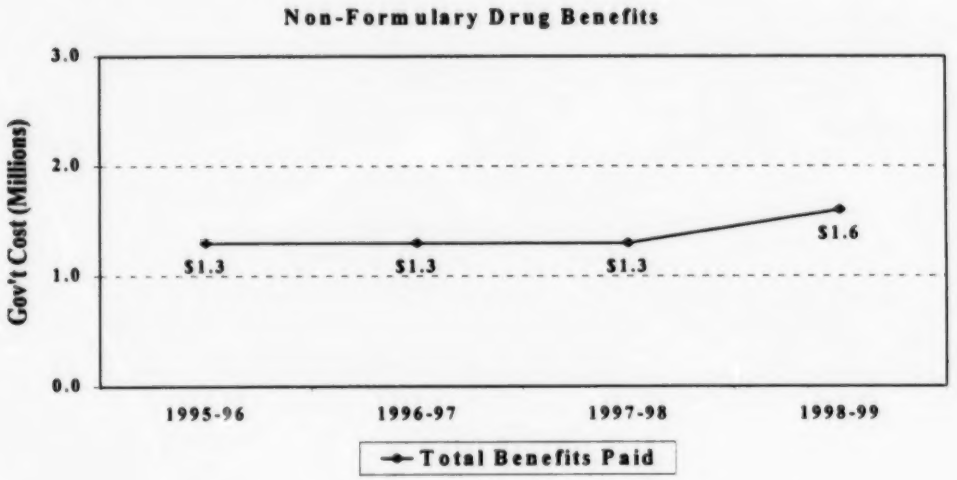
Coverage includes preventive, restorative, exodontic, and prosthetic dentistry for eligible beneficiaries. Coverage for Family Health Benefits children began August 1, 1998.



3. Non-Formulary Drug Benefits

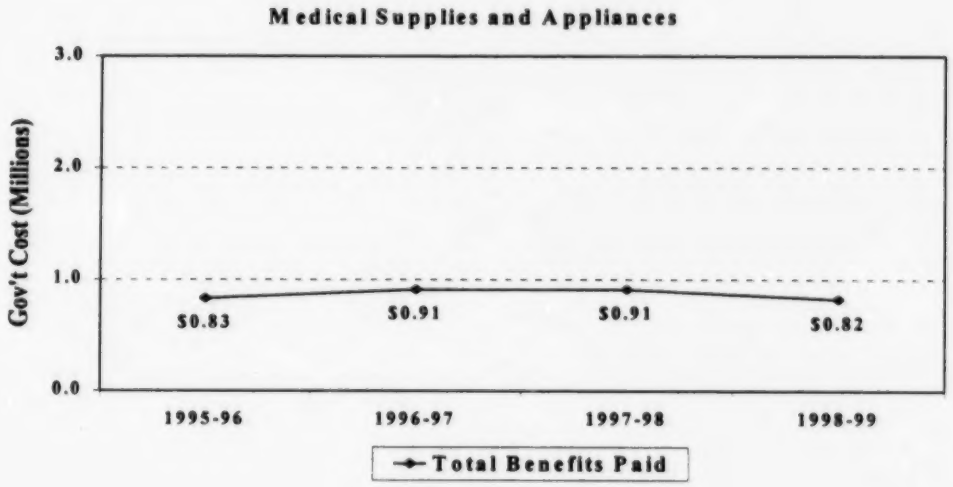
Supplementary Health provides certain non-Formulary drugs without charge for Plan Three residents in nursing and approved community homes, government wards and provincial correctional centre inmates. Formulary and non-Formulary drug benefits for the different levels of Social Assistance Plan coverage are outlined earlier in the report on page 9.

Coverage may also be granted in unusual circumstances for Plan One and Two beneficiaries where drug requirements are not met by Formulary drugs or products approved under Exception Drug Status.



4. Medical Supplies and Appliances

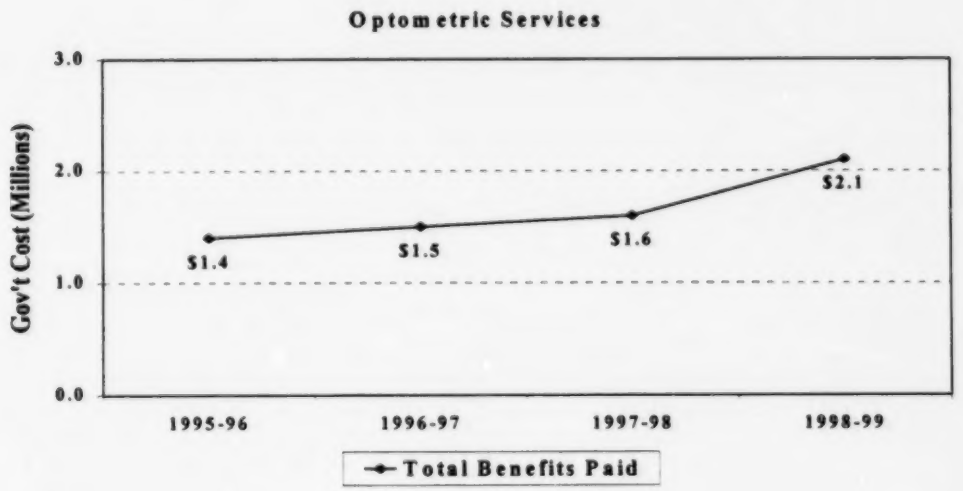
Supplementary Health and Family Health Benefits covers the full cost of most medical supplies and appliances prescribed by a physician for covered beneficiaries.



5. Optometric Services

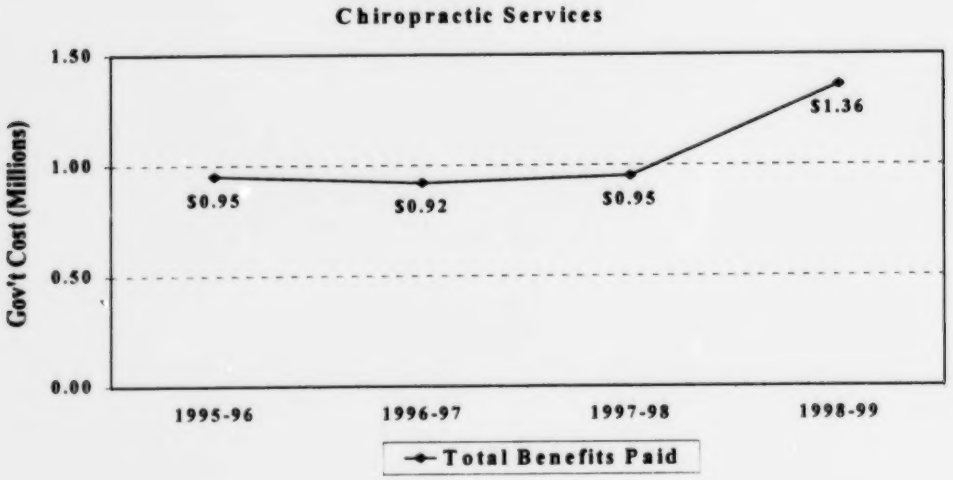
Eyeglasses are covered for Supplementary Health beneficiaries and children of families approved for Family Health Benefits, whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Fees are paid according to negotiated payment schedules. There is an upper limit on the amount paid for eyeglass frames.

The cost of eye examinations is covered for all Supplementary Health beneficiaries age 18 and over. Children are covered on a universal basis by the Medical Services Plan.



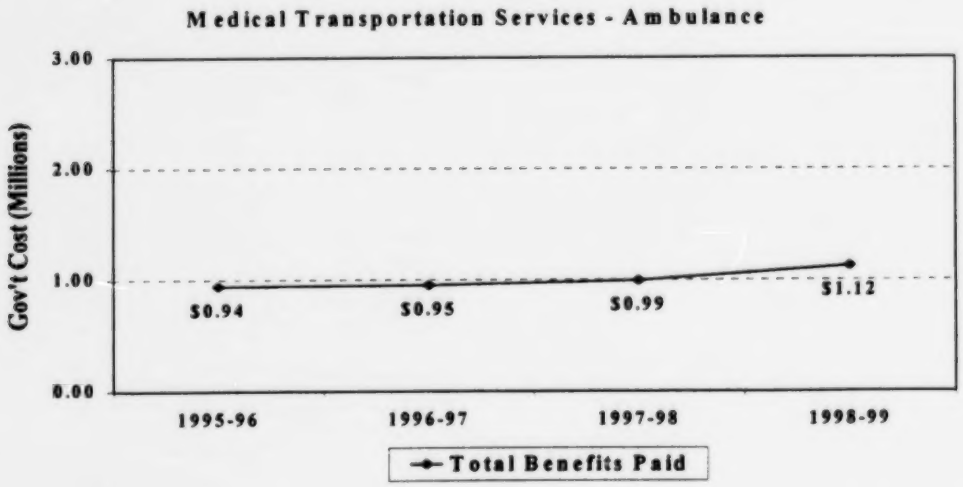
6. Chiropractic Services

The services of chiropractors are fully covered for Supplementary Health, Family Health Benefits and Saskatchewan Income Plan beneficiaries.



7. Medical Transportation – Ambulance

Benefits include coverage for emergency medical transportation by road ambulance.



8. Medical Transportation – Northern Medical Evacuation Program

The Northern Medivac Program, and long-distance medically related transportation for social assistance recipients living in the North is managed by the Northern Health Services Branch.

Effective April 1, 1998, Supplementary Health became responsible for payment of the medical transportation component of the program. During 1998-99 the cost of the medical transportation for the Northern Medivac Program was $1.8 million.

Saskatchewan Aids to Independent Living (SAIL)

BACKGROUND

- SAIL began providing benefits on April 1, 1975, providing eligible residents with prosthetic/orthotic devices.
- On August 1, 1975, SAIL benefits expanded to providing equipment loans and equipment repairs for all residents of the province.
- On April 1, 1976, SAIL took over responsibility for: the Paraplegia Program which covers the cost of appliances recommended by the attending physician; the Cystic Fibrosis Program which provides drugs and special appliances for certain beneficiaries; and the Chronic End Stage Renal Disease Program which provides assistance with the cost of necessary medications for certain beneficiaries.
- In 1979-80, the Ostomy and Home Hemophilia programs were added.
- In 1984-85, coverage expanded to include aids and services required by the blind residents in the province.
- In June 1987, the responsibility for the acquisition, distribution and repair of Special Needs Equipment (eg. wheelchairs, patient lifts, etc.) was transferred to the Saskatchewan Abilities Council. SAIL continued to fund the full cost of the program.
- In August 1987, took over administration of the Home Oxygen Program from the Drug Plan.
- In September 1987, transferred responsibility for the acquisition, distribution and repair of equipment required by the blind to the Canadian National Institute for the Blind (CNIB). SAIL continues to provide funding to CNIB for delivery of these services.
- In 1996-97, benefits of the Home Oxygen program were changed to provide benefits according to certain medical criteria.

ELIGIBLE BENEFICIARIES

People with long term disabilities or illnesses which leave them unable to function fully may receive specialized benefits through the SAIL program to help them achieve more independent and active lifestyles.

All Saskatchewan residents, with certain exceptions, are eligible for the Universal Benefits of Orthopaedic Services, Special Needs Equipment, and Home Respiratory Services.

Beneficiaries with particular disabling conditions are eligible under the various Special Benefit Programs; Paraplegia, Cystic Fibrosis, End Stage Renal Disease, Ostomy, and Aids to the Blind.

PROGRAM OBJECTIVES

SAIL has been established to provide aids and services to the physcially disabled residents of Saskatchewan.

Table 15
Caseloads and SAIL Payments

	1997-98		1998-99	
	Caseload	Expenditures	Caseload	Expenditures
Orthopaedic Services	n.a.	$ 1,612,497	n.a.	$ 1,815,374
Special Needs Equipment	n.a.	2,729,470	n.a.	2,892,205
Home Oxygen	1,786	6,493,717	2,084	7,139,411
Respiratory Equipment	n.a.	489,074	n.a.	569,898
Paraplegia	1,710	2,273,005	1,772	2,440,864
Cystic Fibrosis	108	184,988	103	258,433
Renal Disease	492	1,832,881	582	2,325,605
Ostomy	1,669	512,844	1,845	558,637
Aids to the Blind	1,479	242,054	1,399	242,903
Total		**$ 16,370,530**		**$ 18,243,330**

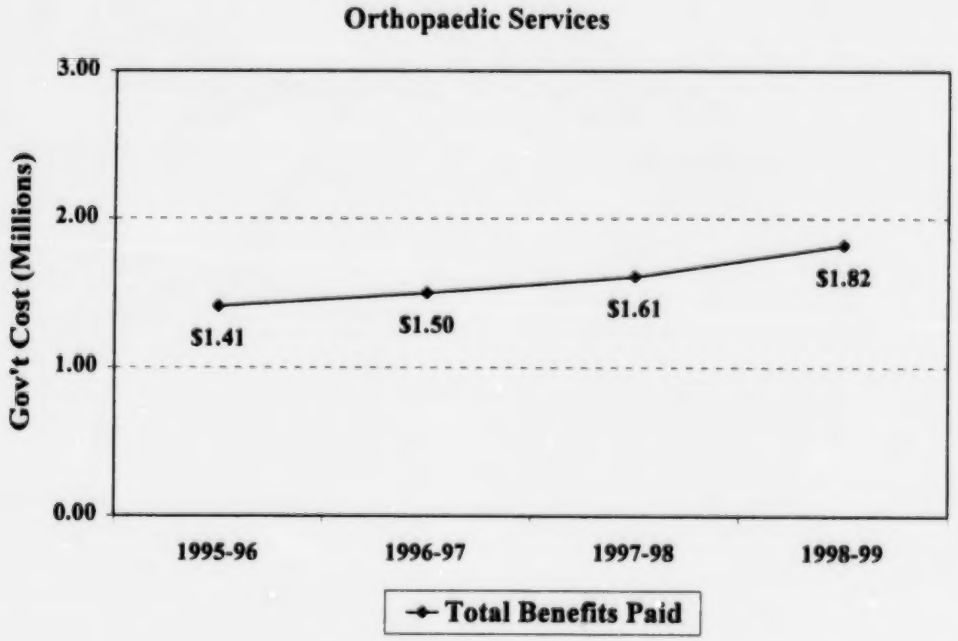
1. Orthopaedic Services

Prosthetic Appliances – Artificial limbs and accessories are supplied, fitted, adjusted and repaired without charge.

Orthotic Appliances – Higher-cost back braces, knee braces and splints are supplied, fitted, adjusted, and repaired without charge.

Specialized and adaptive seating, and custom-built footwear are also provided by SAIL. All of the above services are supplied by the orthotics and prosthetics departments of the Wascana Rehabilitation Centre in Regina and the Saskatchewan Abilities Council in Saskatoon.

Custom pressure or burn garments are supplied and fitted without charge. SAIL arranges for the supplier to provide garments.



2. Special Needs Equipment

Mobility Aids – Wheelchairs, walkers, and specialized crutches are loaned, maintained and repaired without charge. Eligibility is based on assessed long-term need.

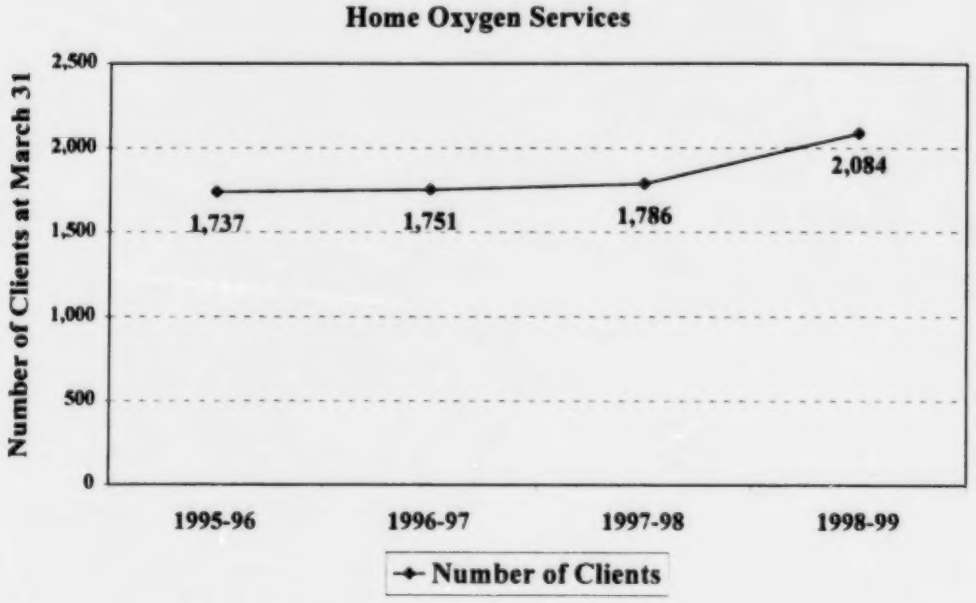
Environmental Aids – Higher-cost equipment such as hospital beds and accessories, transfer assists and commodes are loaned, maintained and repaired without charge. Eligibility is based on assessed long-term need.

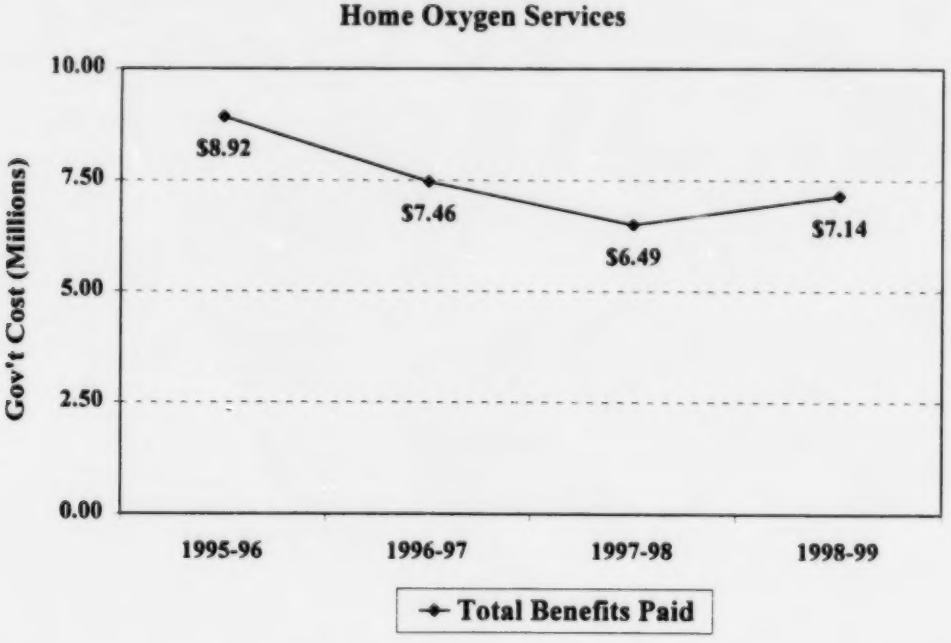
The Special Needs Equipment Program is operated by the Saskatchewan Abilities Council under contract with SAIL. Equipment depots are located in Prince Albert, Regina, Saskatoon, Swift Current and Yorkton.

3. Home Respiratory Services

Home Oxygen Therapy – Home oxygen and related equipment are benefits under SAIL for Saskatchewan residents who meet the medical criteria for home oxygen therapy. The systems are supplied by private medical oxygen supply firms under contract with SAIL. SAIL covers the full cost of the basic systems.

Respiratory Equipment – SAIL shares the purchase cost of aerosol therapy compressors for eligible beneficiaries, who are responsible for maintenance and repairs. Home respiratory equipment such as ventilators, CPAP units, suction pumps, percussors, postural drainage boards and tracheostomy humidification packs are loaned, maintained and repaired without charge. Eligibility is based on specific medical criteria.


Home Oxygen Services
Number of Clients at March 31
2,500
2,000
1,500
1,000
500
0
1,737
1,751
1,786
2,084
1995-96
1996-97
1997-98
1998-99
Number of Clients


Home Oxygen Services
Gov't Cost (Millions)
10.00
7.50
5.00
2.50
0.00
$8.92
$7.46
$6.49
$7.14
1995-96
1996-97
1997-98
1998-99
Total Benefits Paid

4. Special Benefit Programs

In addition to regular SAIL Program benefits, extended coverage is provided to beneficiaries with particular disabling conditions.

Paraplegia Program – Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status are available at no charge.

Incontinence management and dressing supplies for chronic conditions are available without charge.

Specialized rehabilitation equipment is loaned, maintained and repaired without charge. Financial assistance for vehicle hand controls, ramps and wheelchair lifts is also provided.

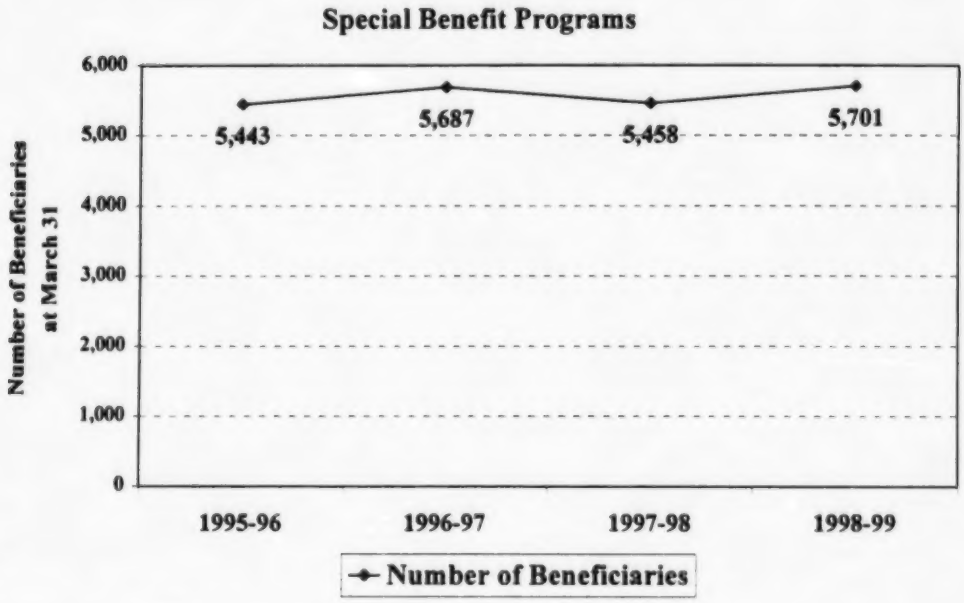
Cystic Fibrosis Program – Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status are available at no charge. In addition, food supplements and digestants are covered.

End Stage Renal Disease Program – Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status are available at no charge.

Ostomy Program – SAIL provides reimbursement of half the cost of ostomy supplies, such as appliances, adhesives and adhesive removers, to eligible persons referred by enterostomal therapists.

Aids to the Blind Program – Financial assistance is provided for aids such as braille watches, talking calculators and low-vision eyewear. Braillers, tape players and recorders are loaned, maintained and repaired without charge. Magnifiers and telescopes are supplied without charge.

Low vision eyewear is provided through optometric/ophthalmic dispensers. Equipment services are provided by the Canadian National Institute for the Blind (CNIB) under contract with SAIL.


Special Benefit Programs
Number of Beneficiaries at March 31
6,000
5,000
4,000
3,000
2,000
1,000
0
5,443
5,687
5,458
5,701
1995-96
1996-97
1997-98
1998-99
Number of Beneficiaries

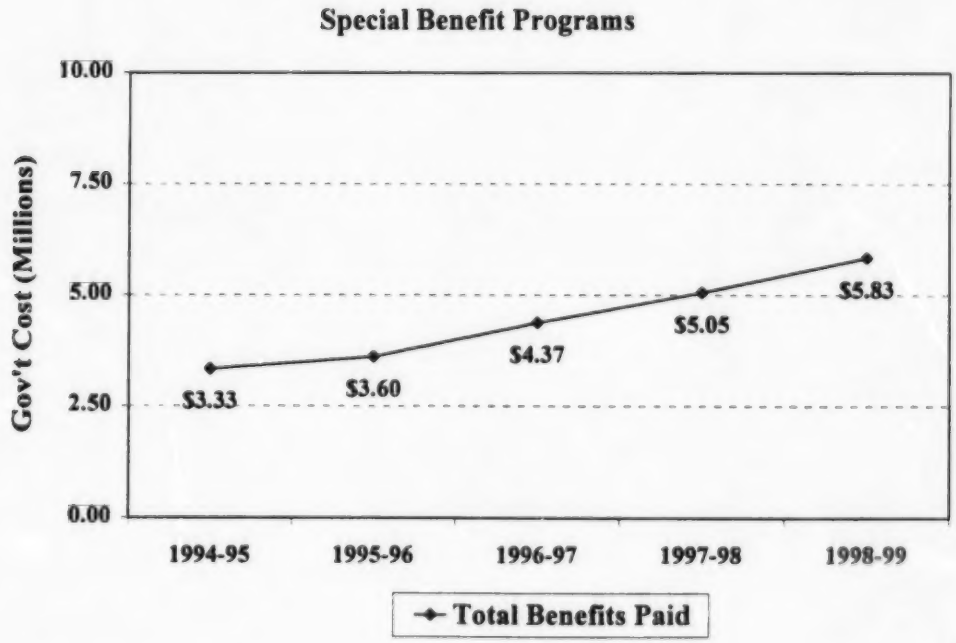

Special Benefit Programs
Gov't Cost (Millions)
10.00
7.50
5.00
2.50
0.00
$3.33
$3.60
$4.37
$5.05
$5.83
1994-95
1995-96
1996-97
1997-98
1998-99
Total Benefits Paid

Table 16
Special Needs Equipment Program - Loans

April 1998 - March 1999

	1995-96	1996-97	1997-98	1998-99
Wheelchairs				
- Manual	4,285	4,252	4,369	4,517
- Power (electric)	60	83	103	128
Other Aids	14,827	16,083	21,759	23,180
Total Loans	19,172	20,418	26,231	27,825

Table 17
Special Needs Equipment Program - Repairs

April 1998 - March 1999

	1995-96	1996-97	1997-98	1998-99
Wheelchairs				
- Manual	1,340	1,315	1,462	1,475
- Power (electric)	389	444	454	498
Other Aids	279	291	73	2,294
Total Repairs	2,008	2,050	1,989	4,267

Table 18
Orthopaedic Services - Appliances Issued

	1995-96	1996-97	1997-98	1998-99
Prosthetics	212	214	162	193
Orthotics	3,051	2,897	2,959	3,413
Footwear (braced)	169	101	124	97
Adaptive and Specialized Seating for Wheelchairs	536	625	953	1,110
Total Issues	3,968	3,837	4,198	4,813

Table 19
Orthopaedic Services - Appliances Repaired

	1995-96	1996-97	1997-98	1998-99
Prosthetics	1,199	1,167	1,169	1,171
Orthotics	1,432	1,365	1,399	1,332
Footwear (braced)	68	86	100	146
Adaptive and Specialized Seating for Wheelchairs	358	340	332	392
Total Repairs	3,057	2,958	3,000	3,041